

# TSD File Inventory Index

Date: May 9, 2001  
Initial: CMG/enevas

Facility Name: <u>BASF Corporation (Troy Facility)</u>			
Facility Identification Number: <u>IND 057 007 478</u>			
A.1 General Correspondence <u>A.1.1-A.1.2-A.1.3</u>	1	B.2 Permit Docket (B.1.2)	
A.2 Part A / Interim Status <u>A.2</u>	1	.1 Correspondence	
.1 Correspondence	Y	.2 All Other Permitting Documents (Not Part of the ARA)	
.2 Notification and Acknowledgment	Y	C.1 Compliance - (Inspection Reports) <u>See C.2</u>	
.3 Part A Application and Amendments	Y	C.2 Compliance/Enforcement <u>C.2</u>	1
.4 Financial Insurance (Sudden, Non Sudden)		.1 Land Disposal Restriction Notifications	
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A.3 Groundwater Monitoring		D.1 Corrective Action/Facility Assessment	
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A.4 Closure/Post Closure		.3 State Prelim. Investigation Memos	
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.2 Closure/Post Closure Plans, Certificates, etc <u>See A.4.1</u>		D.2 Corrective Action/Facility Investigation	
A.5 Ambient Air Monitoring		.1 RFI Correspondence	
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.7 Lab Data, Soil-Sampling/Groundwater		D.5 Corrective Action/Enforcement	
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D.3 Corrective Action/Remediation Study		.1 Forms/Checklists	
.1 CMS Correspondence		E. Boilers and Industrial Furnaces (BIF)	
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.5 Stabilization		G.1 Risk Assessment	
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.7 Lab Data, Soil-Sampling/Groundwater		.2 Compliance and Enforcement	
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.4 CMI Draft/Final Reports		.7 Corrective Action/Remediation Implementation	
.5 CMI QAPP		.8 Endangered Species Act	
.6 CMI Correspondence		.9 Environmental Justice	

Note: Transmittal Letter to Be included with Reports.

Comments: \_\_\_\_\_



JOHN ENGLER, Governor

## DEPARTMENT OF ENVIRONMENTAL QUALITY

HOLLISTER BUILDING, PO BOX 30473, LANSING MI 48909-7973

RUSSELL J. HARDING, Director

August 5, 1996

REPLY TO:

WASTE MANAGEMENT DIVISION  
PO BOX 30241  
LANSING MI 48909-7741RECEIVED  
AUG 08 1996OFFICE OF RCRA  
WASTE MANAGEMENT DIVISION  
EPA, REGION V

Mr. Paul Little  
Enforcement Program Section - HRE-8J  
Region 5  
U.S. Environmental Protection Agency  
77 West Jackson Boulevard  
Chicago, Illinois 60604-3590

Dear Mr. Little:

In response to a recent request from your office for information on several Michigan hazardous waste facilities, I offer the following:

None of the identified facilities have any Resource Conservation and Recovery Act (RCRA) enforcement action recently taken or about to be initiated. Any inspection to be completed at these facilities would be a result of them not being inspected previously or part of our Treatment, Storage, and Disposal Facility (TSDF) commitments. We have not identified any specific issues which would cause us to consider these facilities for special inspections. Specific comments on the facilities:

1. BASF - MID064197742 - 1609 Biddle Avenue, Wyandotte is a TSDF which has a very old Order in place (not a Waste Management Division Order) directing cleanup activities. This is part of an Environmental Response Division (ERD) Remedial Action Plan on which ERD has the lead.
2. BASF - MID001868538 - 5935 Milford Avenue, Detroit is a TSDF proceeding with closure of their RCRA unit.
3. BASF - MID007138746 - 3301 Bourke Avenue, Detroit is a TSDF which has been clean closed and is awaiting corrective action.
4. BASF - MID057007478 - 1200 Blaney Drive, Troy is a TSDF which has been clean closed and is awaiting corrective action.
5. BASF - Holland - BASF formerly owned two facilities in Holland. One facility was a research and development laboratory at 491 Columbia Avenue. The other facility, at 492 Douglas Avenue, was a full production plant. Both plants were involved in the development and manufacture of pigments, both in powder and in flushed forms. Effective July 1, 1996, BASF sold both of its Holland plants to Flint Ink Corporation. Approximately 50 percent of the former BASF employees were terminated as a result of the sale. Prior to the sale, there have been no state RCRA enforcement actions against either of these plants. We have no plans for an immediate inspection at the Douglas Avenue facility, although one will be conducted at some point in the future since it retains a generator status.

EPA had  
8/30/96 (h)  
AOC at  
NW, DET  
did RA  
at SW

6. BASF - 836 Chicago Drive, Grand Rapids - This facility has not been involved in a RCRA enforcement action and no enforcement actions are planned. The last routine inspection was conducted on May 3, 1996, which was followed by a letter of warning. The company has indicated that most of the violations have been corrected and they are actively working toward correcting the rest. Once BASF indicates that all of the violations have been corrected, a follow-up inspection will be conducted.
7. Reichhold Chemicals Inc., Ferndale - MID020087128 - This facility is a TSDF which is subject to corrective action. They are in the process of remediation. The facility is closed with the buildings demolished.

We have no record of inspections for the following facilities:

1. BASF Widger Chemical, Warren
2. BASF Wyandotte Terminal, Wyandotte
3. ARMCO, Inc., Plymouth
4. ARMCO, Inc. Taylor
5. Automotive Refinish or BASF, 19855 Outer Drive, Dearborn
6. BASF, 2855 Coolidge, Troy
7. BASF, 1419 Biddle Street, Wyandotte
8. BASF, 1725 Biddle Street
9. Reichhold Chemicals, 4134 Yorba Linda Boulevard, Royal Oak

For the facilities we have either not inspected or have not conducted recent inspections, there may be some incentive to consider as part of an initiative. Overall, our thought would be that the national initiative would not be that beneficial to the RCRA program for BASF Corporation based upon our contacts with the facilities through our inspections.

Please let me know if I can be of further assistance on this matter.

Sincerely,

*Frank Ruswick (ekp)*

Frank Ruswick, Jr.  
Program Manager  
Waste Management Division  
517-373-6093

AUG 17 1992

H-7J

K.C. Koneval, Special Projects Manager  
BASF Corporation  
8 Campus Drive  
Parsippany, New Jersey 07054

D.2.1

Re: BASF - Troy, Michigan  
EPA ID No.: MID 057 007 478

Dear Mr/Ms. Koneval:

This letter is in response to your letter of July 20, 1992, in which you requested that the United States Environmental Protection Agency (U.S. EPA) provide BASF Corporation with the conclusion and recommendation portions of the Preliminary Assessment/Visual Site Inspection (PA/VSII) Report. You further requested that U.S. EPA review and provide input on any scope of work BASF Corporation prepares before undertaking any voluntary environmental protective measures at the site.

Since the conclusion and recommendation portion of the PA/VSII Report contains information that is used in the deliberative process by U.S. EPA to rank candidates for corrective action, it has been U.S. EPA policy not to release this information. The circumstances you explained at the above-referenced facility do not warrant a waiver of U.S. EPA's confidentiality claim.

In regard to your request that U.S. EPA review scopes of work, U.S. EPA does not have the resources to participate in such activity on a voluntary basis. Enclosed for your reference, however, are copies of U.S. EPA's model Corrective Action Order (CAO) and Corrective Action Plan (CAP). The CAO can be issued by U.S. EPA pursuant to Section 3008(h) of the Resource Conservation and Recovery Act (RCRA), as amended. If BASF Corporation were to enter into a consent agreement with U.S. EPA to conduct a full RCRA Facility Investigation and Corrective Measure Study (RFI/CMS), U.S. EPA could then actively participate in the process. The CAP is a model scope of work which identifies the tasks necessary to conduct the RFI/CMS.

If you have any questions regarding this matter, please contact Laura Lodisio, Chief of the Michigan/Wisconsin Technical Enforcement Section of the RCRA Enforcement Branch. She can be reached at (312) 886-7090.

Sincerely yours,

ORIGINAL SIGNED BY  
WILLIAM E. MUNO

William E. Muno, Acting Director  
Waste Management Division

Enclosure

cc: D. Drake, Michigan DNR

SIGNATURE/INITIAL CONCURRENCE REQUESTED - RCRA ENFORCEMENT BRANCH (REB)									
TYP.	AUTH	IL/IN TES CHIEF	MI/WI TES CHIEF	MN/OH TES CHIEF	IL/MI/WI EPS CHIEF	IN/MN/OH EPS CHIEF	REB BRANCH CHIEF	RCRA ASSOC. DIR.	WMD DIVISION DIRECTOR
	AW 8/5/92		LL 8/17/92				LL 8/17/92	WEM 8/17/92	WEM 8/17/92

July 20, 1992

Mr. William E. Muno, Director  
Waste Management Division, H - 7J  
United States Environmental Protection Agency  
Region 5  
230 South Dearborn Street  
Chicago, IL 60604

RE: BASF - Troy, Michigan  
MID 057 007 478

Dear Mr. Muno:

BASF Corporation (BASF) is in receipt of your letter of June 11, 1992 transmitting a copy of the Preliminary Assessment/Visual Site Inspection (PA/VSI) report for the referenced facility. BASF is considering divesting this property and was waiting for guidance from this report to identify any potential environmental protective measures to be voluntarily taken prior to offering the property for sale.

The report did not identify any areas of concern (AOC) and only two solid waste management units (SWMU) were identified. SWMU #1 is an area formerly used for satellite accumulation of waste and SWMU #2 is the closed waste storage area (documented clean closure). Based on the PA/VSI report there is no indication that either of these areas presents any environmental problem.

BASF plans to conduct its own environmental assessment of the property. However, without the specific guidance that the conclusion and recommendation portions of the report may contain, BASF cannot be assured that any remedial work that it may undertake will adequately address EPA's concerns. Therefore, BASF requests that EPA waive its enforcement confidential claim over the conclusion and recommendation. Regardless of EPA's decision on the waiver request, we hope that we may call upon the Agency to review any proposed scope of work and to obtain your input prior to conducting any work.

PAGE TWO  
BASF - Troy, Michigan  
July 20, 1992

We will contact you as soon as we have prepared the scope of work ready for review. In the meantime, should you have questions on this approach or if you would be willing to provide the missing portions of the report, please contact the undersigned.

Very truly yours,



K. C. Koneval  
Manager  
Special Projects

/tn

cc: K. Pierard, EPA  
S. Bianchin, EPA  
B. Okwumabua, Michigan DNR  
D. Drake, Michigan DNR  
K. Burda, Michigan DNR

RECEIVED  
JUL 24 1992  
U.S. EPA, REGION V  
WASTE MANAGEMENT DIVISION  
OFFICE OF THE DIRECTOR

JUN 11 1992

HRE-8J

Douglas Martin, Attorney  
BASF  
100 Cherry Hill Road  
Parsippany, New Jersey 07054

Re: BASF - Troy  
MID 057 007 478

Dear Mr. Martin:

Enclosed please find a copy of the Preliminary Assessment/Visual Site  
Inspection for the referenced facility.

The executive summary and conclusions and recommendations section have been  
withheld as enforcement confidential.

If you have any questions, please contact me at (312) 886-4448.

Sincerely yours,

Kevin M. Pierard, Chief  
Minnesota/Ohio Technical Enforcement Section  
RCRA Enforcement Branch

Enclosure

cc: Ken Connival  
BASF Corporation  
8 Campus Drive  
Parsippany, New Jersey 07054

HRE-8J:FHARRIS:6-2884:6/10/92:MASTER

OFFICIAL FILE COPY

CONCURRENCE REQUESTED FROM REB			
OTHER STAFF	REB STAFF	REB SECTION CHIEF	REB BRANCH CHIEF
	<i>PH</i> <i>6/10/92</i>	<i>PH</i> <i>6/10/92</i>	

BASF  
Troy

De

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

INTEROFFICE COMMUNICATION

Feb. 8

1988

To: Ronda Hall, Engineer, HW Permits Unit  
From: Liz Browne, Environmental Monitoring Coordinator *Liz*  
Subject: BASF Corporation, Chemicals Division  
MID 057 007 478

I have reviewed the material submitted by Clayton Environmental Consultants, Inc. relating to the drum storage pad closure at BASF's Troy, Michigan facility. This included the initial closure certification dated December 22, 1988. There were two outstanding concerns that you identified in a January 19, 1989 letter to Mr. William Robert that related to test methods and limits of detection. The second submittal, dated January 30, 1989, attempted to address these concerns.

The lab indicated that they used GC/MS procedures to quantify the levels of toluene diamine (TDA). These procedures were supplied by BASF staff and are in the closure plan. GC/MS is a very comprehensive analysis, capable of determining a variety of organic chemicals at the levels identified in the submittal (10 ppm). Kim Paksi, Land Application Unit's Lab Scientist may be of more help in determining the appropriateness of this analytical method.

Clayton submitted results for methylene chloride in soil with two very different limits of detection (LOD), based on the use of analytical methods contained in the 2nd and 3rd Edition of SW-846. Since they have supplied analytical data to a detection limit of 6 ug/kg in soil, the limit of 600 ug/kg for the 2nd Edition data is not of major concern. Dr. Wong has gone in to fairly good detail in explaining the different extraction methods used. It is the extraction method that is responsible for the variability in the resultant limits of detection.

As Dr. Wong states, the limit of detection for a quality control blank sample is expected to be lower than that of a soil sample, however, the explanation given is not clear as to the cause of this difference. It states that the soil samples contain moisture, and the data is reported on a dry

weight basis (as appropriate). It goes on to state that the blank sample does not contain moisture. I am not sure what type of blank is used for this determination. It is assumed that the sample is obtained from an empty vial, and injected directly into the GC. As the reported data indicates that the Q. C. blank did not contain any methylene chloride or TDA at levels at or above the sample LOD, this concern has been addressed, regardless of the type of blank used.

The analytical concerns that you identified in your letter have been addressed. The different LOD's identified have been explained. The only outstanding item is the use of GC/MS for TDA analysis. Kim Paksi may have more detailed information on this protocol, or may be able to determine the applicability of it to this situation based on the data in the original closure plan.

If you have any questions on this review, please let me know and I will attempt to address them at that time.

cc: Ms. D. Montgomery ✓

# RCRA/ACT 64 INSPECTION REPORT

U.S. EPA I.D. NUMBER M 1 D 0 5 7 0 0 1 4 7 8  
(or Michigan)

FACILITY NAME  
(Mailing Address)

DASF - Wyandotte

1200 Blaney Dr.

Troy

CITY

MICHIGAN

48084

ZIP CODE

DATE August 17, 1988

TIME OF INSPECTION (FROM) 10:30 (TO) -

PERSON(S) INTERVIEWED

TITLE

TELEPHONE

Bill Robert

591-5588

INSPECTOR(S)

AGENCY/TITLE

TELEPHONE

Lynne King

MDNR / WASTE MANAGEMENT

344-4670

Primary Business of this Facility: MAKES RESINS - too waxy

for weather foam. Operation moved to Liania facility

Please contact there.

Reason for Inspection:

☒ Routine

☐ Follow-up

☐ Complaint

INSPECTION FORMS:

FORM

Based upon the inspection, this facility:

☐ is a non-generator/conditionally exempt small quantity generator

☐ small quantity generator

☒ generator

☐ transporter

☒ treatment/storage/disposal facility

A  
A  
B  
C  
D

Date of Last Inspection October 14, 1985

March 1986 facility closed + shut down all operations

Site inspection of exterior and drum storage pad revealed no hazardous waste storage. Pad had some black material on it which appeared similar to tar or asphalt recasting material. Facility has approved closure plan but has not commenced closure.

STATE OF MICHIGAN



NATURAL RESOURCES COMMISSION

THOMAS J. ANDERSON  
HELEN J. FLUHARTY  
STEPHEN V. MONSMA  
O. STEWART MYERS  
DAVID D. OLSON  
RAYMOND POUPORE  
HARRY H. WHITELEY

JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

RONALD O. SKOOG, Director

S.E. Michigan Field Office  
15500 Sheldon Road  
Northville, MI 48167

April 18, 1986

Mr. Dale Roush  
BASF Corporation, Chemical's Division  
1609 Biddle Avenue  
Wyandotte, MI 48192

RE: MID 057007478 - Troy Facility

Dear Mr. Roush:

This letter is to acknowledge receipt of your letter dated April 7, 1986 indicating your compliance program for RCRA deficiencies cited during my inspection on November 26, 1985. Your response is acceptable at this time and the adequacy of your program will be evaluated during future inspections. I again stress the importance of proper manifesting between Troy and Wyandotte. I am assuming you have made all necessary corrections to update the Troy facility's records to verify receipt of all their wastes at Wyandotte as the transfer facility and receipt of final disposal.

If you have any questions, feel free to contact me at (313) 459-9180.

Sincerely,

A handwritten signature in cursive script that reads 'Lynne King'.

Lynne King  
Hazardous Waste Division

LK/aw

cc: Ben Okwumabua  
EPA - Region V

STATE OF MICHIGAN



S.E. Michigan Field Office  
15500 Sheldon Road  
Northville, MI 48167

NATURAL RESOURCES COMMISSION

THOMAS J. ANDERSON  
EILENE J. FLUHARTY  
STEPHEN V. MONSMA  
O. STEWART MYERS  
DAVID D. OLSON  
RAYMOND POUPORE  
HARRY H. WHITELEY

JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

RONALD O. SKOOG, Director

March 7, 1986

Mr. Dale Roush  
BASF Corporation, Chemical's Division  
1609 Biddle Avenue  
Wyandotte, MI 48192

RE: MID 057007478 - Troy Facility

Dear Mr. Roush:

This letter is to acknowledge receipt of your letter dated February 5, 1986, indicating your compliance program for RCRA deficiencies cited during my inspection on November 26, 1985. As we have been doing in the past, I will respond to each item in the same order we have been using.

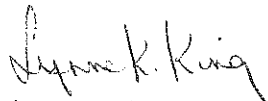
- Item 5. The operating log has been submitted and reviewed. 40 CFR §265.73 also states the log must also note the location and quantity of each hazardous waste located within the facility with a cross reference to a specific manifest showing disposal.
- Item 6. It was acknowledged during our meeting on November 26, 1985, that all treatment of isocyanates was discontinued November 11, 1985.
- Item 7. It is noted that the company filed an amended notification form with the EPA to include all regulated waste types generated.
- Item 8. Two manifests of hazardous wastes are noted for the period 3/14/85 - 1/2/86. One shipment of F002 has no manifest number available. Was there a manifest for this shipment off-site? The other load (12/18/85) was shipped to BASF-Wyandotte as 029L but is noted as being hazardous Methylene Diisocyanates and toluene Diisocyanates. An improper waste code was used. I must stress the importance of manifesting each load from BASF-Troy and using the proper waste codes.
- Item 9. The manifest for the shipment of the 16 carboys of isocyanates was provided as requested but again I refer you to the comment above on the 12/18/85 shipment.
- Item 10. The manifest for the shipment of Troy wastes from BASF-Wyandotte was provided as requested. Again I must note the importance of manifesting that waste from Troy to Wyandotte or to Rollins if it was not off loaded at Wyandotte.



Mr. Dale Roush  
March 7, 1986  
Page 2

You are requested to respond by March 14, 1986, to the comments and questions noted on the operating log and manifesting documenting further action to establish and maintain compliance with RCRA requirements. If you have any questions, please feel free to contact me at (313) 459-9180.

Sincerely,

A handwritten signature in cursive script that reads "Lynne K. King".

Lynne King  
HAZARDOUS WASTE DIVISION

LK:jg

cc: U.S. EPA, Region V  
B. Okwumabua

**BASF**

February 5, 1986

RECEIVED

CERTIFIED NO.  
P 447 526 739

FEB 06 1986

Ms. Lynne King  
Hazardous Waste Division  
Department of Natural Resources  
15500 Sheldon Road  
Northville, MI 48167

HAZARDOUS WASTE DIV

Dear Ms. King:

Re: BASF Corporation Chemicals Division - Troy Facility - MID 057007478

The intent of this letter is to respond to the outstanding RCRA related issues addressed in your January 14, 1986 correspondence.

Items 1-4

Each of these concerns has been adequately explained to your satisfaction per your letter.

Item 5

A copy of the Troy facility's Operating Log is presented in the attached Exhibit I.

Item 6

Treatment of waste isocyanate at the Troy facility was discontinued over a year ago and is not anticipated in the future.

Item 7

You may have misread the Part A section which describes the Troy facility's waste streams. The only reference to a K054 waste is on the example for completing item V, page 2 of 5. To fully clarify the matter concerning using the proper waste code for isocyanate containing mixtures BASF will submit an amended RCRA Part A Permit Application.

Item 8

The enclosed Exhibit I provides the information requested.

Item 9

These waste isocyanate mixtures were transported to the Wyandotte storage facility (MID 064197742) under Michigan Manifest No. 0505199 which is enclosed as Exhibit II. This material was repackaged at Wyandotte into smaller containers and transported to Rollins Environmental Services in Baton Rouge under Louisiana Manifest, Exhibit III.

Ms. Lynne King  
Department of Natural Resources

- 2 -

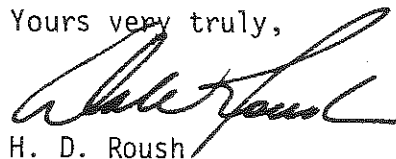
February 5, 1986

Item 10

The waste resins referred to were included in a bulk shipment to Rollins Environmental Services at Bridgeport, NJ for incineration on December 12, 1985. Enclosed is a copy of the New Jersey Manifest NJA 0142271 (Exhibit IV) which accompanied this shipment.

If you have further questions regarding this matter, please do not hesitate to contact me at (313) 246-6106.

Yours very truly,



H. D. Roush  
Manager  
Quality Assurance and  
Environmental Affairs

mh  
attachments

## EXHIBIT I

TROY FACILITY - MID 057007478OPERATING RECORD

<u>Date</u>	<u>Manifest No.</u>	<u>Waste Code</u>	<u>Gallons</u>	<u>Transporter</u>	<u>Designated Facility</u>
3/14/85	MI 0505181	029L	3,520	K & D Industries	City Disposal
5/10/85	MI 0505185	029L	2,800	K & D Industries	City Disposal
7/24/85	MI 0505186	029L	3,400	K & D Industries	City Disposal
7/25/85	MI 0505187	029L	3,580	K & D Industries	City Disposal
7/30/85	MI 0505189	029L	2,500	K & D Industries	City Disposal
8/7/85	MI 0505192	029L	3,800	K & D Industries	City Disposal
10/10/85	MI 0690201	029L	2,400	K & D Industries	City Disposal
10/29/85	MI 0690203	029L	2,400	K & D Industries	City Disposal
11/22/85	Not Available	F002 *	4,770	Marine Pollution	BASF Wyandotte
12/9/85	MI 0505195	029L	4,000	K & D Industries	City Disposal
12/12/85	MI 0505196	029L	4,000	K & D Industries	City Disposal
12/20/85	MI 0690205	029L	4,000	K & D Industries	City Disposal
12/18/85	MI 0505199	029L **	1,275	Marine Pollution	BASF Wyandotte
12/26/85	MI 0690206	029L	3,500	K & D Industries	City Disposal
1/2/86	MI 0690207	029L	2,800	K & D Industries	City Disposal

\* - Hazardous F002 Waste

\*\* - Hazardous Waste - Plant waste consists of Methylene Diisocyanates and Toluene Diisocyanates.

029L - Non-hazardous chemical plant waste resins.



**MICHIGAN DEPARTMENT  
OF NATURAL RESOURCES**

**EXHIBIT II**

**DO NOT WRITE IN THIS SPACE.**  
ATT. ☐ DIS. ☐ REJ. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.  
Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404 Expires 7-31-86

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. MI ID 0 57 00 74 47 8		Manifest Document No.		2. Page 1 of /		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address BASF Wyandotte Corporation 1700 Blaney Drive, Troy, MI 48084						State Manifest Document Number MI 0505199							
4. Generator's Phone ( 313 ) 643-0880						State Generator's ID							
5. Transporter 1 Company Name Marine Pollution						State Transporter's ID							
6. US EPA ID Number MI D 04 92 7 71 9						Transporter's Phone							
7. Transporter 2 Company Name						State Transporter's ID							
8. US EPA ID Number						Transporter's Phone							
9. Designated Facility Name and Site Address BASF Wyandotte Corporation 1609 Biddle Ave. Wyandotte, MI. 48192						State Facility's ID							
10. US EPA ID Number MI ID 0 6 41 97 7 42						Facility's Phone							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM Waste Corrosive Liquid Poisonous, NOS UN 2922						12. Containers No. Type 3 85 DP		13. Total Quantity 12 7 56 Gal		14. Unit M/Vol		15. Waste No. 02 9 L H	
16. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information Plant waste consists of Methylene Diisocyanates and Toluene Diisocyanates													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, including applicable state regulations.													
Printed/Typed Name Arthur C. Wynn						Signature <i>Arthur C. Wynn</i>		Date Month Day Year 12/18/85					
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>246447 PRZYBIL</i>		Date Month Day Year 12/18/85					
18. Transporter 2 Acknowledgement or Receipt of Materials						Signature		Date Month Day Year					
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name LYMAN A ANDERSON						Signature <i>Lyman A Anderson</i>		Date Month Day Year 12/18/85					

ALL INFORMATION REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7860 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-9302 24 HOURS PER DAY.

# Exhibit III

STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY • HAZARDOUS WASTE DIVISION  
P.O. BOX 44307, BATON ROUGE, LOUISIANA 70804-4307

BR-5708

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2000-0404 Expires 7-31-86

## UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

MID 064197742

Manifest  
Document No.  
100025

2 Page 1  
of 1

Information in the shaded areas  
is not required by Federal  
law.

3. Generator's Name and Mailing Address

BASF WYANDOTTE CORP  
1609 Biddle Ave, Wyandotte, Mich 48192

4. Generator's Phone (313) 246-6429

5. Transporter 1 Company Name

Suttles Truck Leasing Inc

6. US EPA ID Number

ALD 095704011

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

Rollins Environmental Services(LA) Inc  
13351 Scenic Hwy  
Baton Rouge, LA 70807

10. US EPA ID Number

LAD Q10395127

A.State Manifest Document Number

B.State Generator's ID

C.State Transporter's ID

D.Transporter's Phone (205) 289-0526

E.State Transporter's ID

F.Transporter's Phone

G.State Facility's ID

H.Facility's Phone  
(504) 778-1234

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. Toluene diisocyanate; Poison; UN 2078  
BWC Code W002

12. Containers

No. Type

13. Total  
Quantity

14. Unit  
M/Vol.

1. Waste No.

162 DF

20420

P

U223

J. Additional Descriptions for Materials Listed Above

Toluene diisocyanate is known as TDI: use Guide 57 in  
1984 Emergency Response Guidebook.

K.Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

In case of accident or spills contact Chemtrec at 1-800-424-9300. In Louisiana, contact Louisiana Department of  
Public Safety at (504) 925-6595. Avoid contact. Avoid breathing vapors. Contain waste. Do not wash into sewer  
or water way. If unable to deliver, return to generator.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper  
shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to  
applicable international, national, and state governmental regulations.  
Unless I am a small quantity generator who has been exempt by statute or regulation from the duty to make a waste minimization certification  
under section 3002(B) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I  
have determined to be economically practicable and I have selected the method of treatment, storage or disposal currently available to me which  
minimizes the present and future threat to human health and the environment.

Printed/Typed Name

Lyman A Anderson

Signature

*Lyman A Anderson*

Date

Month Day Year  
12 25 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

WAYNE Gibson

Signature

*Wayne Gibson*

Date

Month Day Year  
12 22 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year

Discrepancy Indication Space

20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in  
item 19.

Printed/Typed Name

X. HARRIS

Signature

*X. Harris*

Date

Month Day Year  
12 22 85

Exhibit 14

Form Approved. OMB No. 2000-0404. Expires 7-31-96

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	2. Page 1 of 1	3. Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address EAST WYANDOTTE CORP 1609 Biddle Ave. Wyandotte, Mich. 48192		4. Generator's Phone (313) 240-6420	A. State Manifest Document Number NJ A0142271	
5. Transporter 1 Company Name Marine Pollution Control		6. US EPA ID Number [Shaded]	C. State Transporter 1 ID S-9317-AA	
7. Transporter 2 Company Name [Shaded]		8. US EPA ID Number [Shaded]	D. Transporter's Phone 313/849-2333	
9. Designated Facility Name and Site Address Rollins Environmental Services Route 322 Bridgeport, N.J. 08014		10. US EPA ID Number [Shaded]	E. State Transporter 2 ID [Shaded]	
			F. Transporter's Phone [Shaded]	
			G. State Facility's ID [Shaded]	
			H. Facility's Phone 609/467-3105	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Lb
a. Hazardous Waste Liquid NOS OMRE NA 9189 (Waste Resin BWC Code W001)		991 TT	1314116	F002
b. [Shaded]		[Shaded]	[Shaded]	[Shaded]
c. [Shaded]		[Shaded]	[Shaded]	[Shaded]
d. [Shaded]		[Shaded]	[Shaded]	[Shaded]
J. Additional Descriptions for Materials Listed Above Methylene Chloride 0-20%, Freon 0-35% a. Trichloromethane 0-20%, Pyridine 0-2%		K. Handling codes for Wastes Listed Above a. T03		
b. [Shaded]		c. [Shaded]		
d. [Shaded]		d. [Shaded]		
15. Special Handling Instructions and Additional Information Material may also contain U080 and U226. Wear respiratory equipment and protective clothing. In case of spill, contain with absorbent.				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.				
Printed/Typed Name Lymian A Anderson		Signature [Signature]		Date 11/21/12
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed/Typed Name Everett Stamper		Signature [Signature]		Date 11/21/12
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed/Typed Name [Shaded]		Signature [Shaded]		Date [Shaded]
19. Discrepancy Indication Space C-DECAL # 10223 Item 5 (L)(T) 200g HEEL Left in TRAILER - Unpumpable. 2.3740 Gals, Spg 1.09 34000lbs. 14 - G				
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.				
Printed/Typed Name Mark A. Owens		Signature [Signature]		Date 11/21/12

NATURAL RESOURCES COMMISSION

OMAS J. ANDERSON  
ARLENE J. FLUHARTY  
STEPHEN V. MONSMA  
O. STEWART MYERS  
DAVID D. OLSON  
RAYMOND POUPORE  
HARRY H. WHITELEY

STATE OF MICHIGAN



JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

RONALD O. SKOOG, Director

S.E. Michigan Field Office  
15500 Sheldon Road  
Northville, MI 48167

January 14, 1986

Mr. Rudi Meriweather, Plant Mgr.  
BASF Wyandotte  
1700 Blaney Drive  
Troy, Michigan

Re: BASF Wyandotte Corp. - Troy Facility  
MID 057007478

Dear Mr. Meriweather:

On November 26, 1985 acting as a representative of the United States Environmental Protection Agency, I performed a follow-up inspection of your facility located at 1700 Blaney Drive, Troy, Michigan to evaluate compliance of that facility with the requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA) as amended.

As a result of that inspection, the following was discussed and either found in compliance or needs additional information.

- (1) The waste analysis plan was reviewed and found acceptable at this time and will be further evaluated for adequacy during future inspections.
- (2) The inspection logs were reviewed and the company reinstated regular inspections on November 11, 1985. The log must be continually maintained as per 40 CFR 265.15 and will be re-evaluated during future inspections.
- (3) Personnel Training records were reviewed and found acceptable at this time. The last training was conducted September 13, 1985. Some additional training is needed to make local staff aware of all generator requirements under RCRA to enable them to assist in staff inspections under RCRA.
- (4) The test results were reviewed and had been maintained on file.
- (5) Operating log must be maintained on wastes including tracking of storage, treatment, disposal, quantities and types, etc. in accordance with 40 CFR 265.73. This is still a delinquency.
- (6) The treatment of waste isocyanates rendering them non-hazardous by means of controlled reacting with water to produce urea was also discussed. This operation is considered treatment and subject to all applicable regulations under 40 CFR 265 Subpart J (265.190 and 265.198). Information provided has stated the company has ceased treatment of isocyanates. Should the company wish to treat this waste you must:
  - a) Amend Part A to include activity
  - b) Comply with all applicable regulations under 265
  - c) Amend inspection and operating logs and closure and financial assurance to include such activities.

Mr. Rudi Meriweather  
Re: MID 057007478  
January 14, 1986

- 2 -

(7) Company stated there have been some process changes affecting waste generation. Use of new product may render one waste stream non-hazardous. The company is currently testing to determine status of waste. The current Part A lists K054, D002, D001 and U223. Please review waste streams to determine current status and update Part A. The indication was that the isocyanate waste is not a pure product form. Therefore, U223 would not be the proper waste code. The code for waste isocyanate which is not a pure commercial chemical product would be D003 (reactive).

(8) The current Part A currently indicates the company is a regulated generator of hazardous waste, as well as a storage facility. A department computer summary of waste shipments from your facility indicates that no hazardous wastes have been transported off site. Please provide a listing of wastes generated by waste code and description, quantities and disposal site for wastes generated in 1985.

(9) During the October 14, 1985 inspection, 16 carboys of waste isocyanates were being stored pending treatment. The wastes have since been removed for disposal. Please provide the manifest used for transportation and disposal of these wastes.

(10) On December 10, 1985 department staff observed waste in storage at BASF Wyandotte at 1609 Biddle, Wyandotte. The Troy facility, as generator, maintains responsibility for their waste and its proper handling. Please provide a manifest for the transportation of that waste.

You are requested to respond to the issues addressed to this office by letter no later than January 31, 1986. If you have any questions regarding this matter, please contact me at (313) 459-9180.

Sincerely,



Lynne King  
HAZARDOUS WASTE DIVISION

LK:mlm

enc.

cc: U.S. EPA, Region V

B. Okwumabua

Dale Roush (BASF Wyandotte  
1609 Biddle  
Wyandotte, Mi 48192)

# RCRA INSPECTION REPORT

EPA Identification Number: M I D 0 5 7 0 0 7 4 7 8

Installation Name: BASE Wyandotte Corp.

Location Address: 1700 Blaney Dr.

City: Troy

State: MICHIGAN

Date of Inspection 11/26/85

Time of Inspection (from) 1000 AM (to) 1200 AM

Person(s) Interviewed

Title

Telephone

Rud. Marinicatho

Plant Manager

Lynnie Anderson

Dale Roush

Manager Environmental 246-6106

Inspector(s)

Agency/Title

Telephone

LYNNE KING

MDNR/Environmental Quality Analyst 313-459-9180

JIM ROBERTS

MDNR/Environmental Engineer 577 373-2730

Installation Activity (mark only one box)

Inspection Form(s)   

☒ Treatment/Storage/Disposal per 40 CFR §265.1 and/or Generation and/or Transportation

A

☐ Treatment/Storage/Disposal (No Generation or Transportation)

A

☐ Generation and Transportation

B,C

☐ Generation Only

B

☐ Transportation Only

C

Reinspection and noncompliance with October 14, 1985 Inspection  
(currently noncompliance and inspection log, personnel training,  
and waste analysis plan & testing results.  
Discussed variance application and treatment of associated  
company closed treatment 2 weeks ago.  
operating log outstanding.

JAN 13 1986

CERTIFIED MAIL *P611589392*  
RETURN RECEIPT REQUESTED

Mr. Keith Fry  
Director, Corporate Environmental Protection  
BASF Wyandotte Corporation  
100 Cherry Hill Road  
P.O. Box 181  
Parsippany, N.J. 07054

RE: Corrective Action Requirements  
BASF Wyandotte Corporation  
Troy Works  
Troy, Michigan  
MID 057 007 478

Dear Mr. Fry

As you know, you have previously submitted Part A of the Resource Conservation and Recovery Act (RCRA) permit application for the above-referenced facility. Timely submission of "the Part A" has allowed most hazardous waste management facilities to continue to operate under RCRA "interim status", while complying with applicable 40 CFR Part 265 standards.

On November 8, 1984, the Hazardous and Solid Waste Amendments of 1984 (the 1984 Amendments) were enacted to modify RCRA. Under the 1984 Amendments, all RCRA permits issued after the date of enactment must provide for corrective action for all releases of hazardous waste or hazardous waste constituents from any solid waste management unit, regardless of the time at which waste was placed in the unit. In addition, all interim status facilities are subject to corrective action requirements, regardless of whether they have 1) submitted a Part B application, 2) submitted a closure plan, 3) reverted to generator status only, 4) actually closed, or 5) none of these. Unless our Agency has formally terminated the facility's interim status, the corrective action requirements apply. Please note that both hazardous and non-hazardous waste can meet the definition of solid waste under 40 CFR 261.2.

We must determine whether releases of hazardous waste or hazardous waste constituents have ever occurred at the above-referenced facility site. If they have, we must ensure that corrective actions either have been taken or will be taken to eliminate threats to public health or the environment. An important element in our decision process is the information that you provide on the enclosed certification statement. Please read it carefully and either sign it and return it, or return it unsigned with a cover letter of explanation, within 45 days of the date of this letter. At some point in time, public input will be sought to either confirm or deny information you provide, or information we gather on our own, concerning releases and corrective actions.

Sincerely yours



David A. Stringham  
Chief, Solid Waste Branch

Enclosure

	WP.	MR.	L	IL	EL	ML/PL	OL	TPS	WWS	WWS
			CHIEF	CHIEF	CHIEF	CHIEF	CHIEF	CHIEF	CHIEF	CHIEF
DATE	1-10-86				1-10-86					

STATE OF MICHIGAN

NATURAL RESOURCES COMMISSION

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JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

RONALD O. SKOOG, Director

S.E. Michigan Field Office  
15500 Sheldon Road  
Northville, MI 48167

October 30, 1985

Mr. Rudy Meriweather, Plant Manager  
BASF Wyandotte  
1700 Blaney Drive  
Troy, MI

RE: MID 057007478  
RCRA Inspection

Dear Mr. Meriweather:

On October 14, 1985, acting as a representative of the United States Environmental Protection Agency, I performed an inspection of your facility located at the above address to evaluate compliance of that facility with the requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA) as amended.

As a result of that inspection, it has been determined that the above facility is in violation of some of the requirements of Subtitle C of RCRA. Specifically, the following was found:

1. No waste analysis plan was available for inspection in accordance with 40 CFR §265.13.
2. Failure to establish and maintain an inspection log in accordance with 40 CFR §265.15.
3. Failure to establish and maintain personnel training records and provide annual training in accordance with 40 CFR §265.16.
4. Failure to establish and maintain an operating record in accordance with 40 CFR §265.73.
5. One manifest inspected failed to provide the required U.S. D.O.T. information in item 11 as required in 40 CFR §262.21.
6. Failure to maintain test results and analysis needed for Hazardous Waste determinations retained for a minimum of three years in accordance with 40 CFR §262.40.

You are requested to respond to this letter by November 12, 1985, providing documentation to this office regarding those actions taken to correct these violations. If you have any questions regarding this matter, please feel free to contact me at (313) 459-9180.

Sincerely,

*Lynne King*  
Lynne King

cc: U.S. EPA, Region V  
B. Okwumabua  
Dale Rousch

# RCRA Inspection Report

EPA Identification Number: M I D 0 5 7 0 0 7 4 7 8

Installation Name: PASF Wyandotte

Location Address: 1700 Blaney DR.

City: Troy State: MT

Date of inspection: 10-14-85 Time of inspection (from) \_\_\_\_\_ (to) \_\_\_\_\_

Person(s) interviewed

Title

Telephone

Rudy Meriwether

Plant manager

313-643-0883

Gary Campbell

Active: production superv.

"

Inspector(s)

Agency/Title

Telephone

FAYE DODGE

ONR

459-9180

Lynne King

ONR

Installation Activity (mark only one box)

Inspection Form(s)

☒ Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation

A

☐ Treatment/Storage/Disposal (no generation or Transportation)

A

☐ Generation and Transportation

B, C

☐ Generation only

B

☐ Transportation only

C

# INSPECTION FORM A

## Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3)      Inspection Form A section(s)

S01	<input checked="" type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input checked="" type="checkbox"/>	treatment in tanks	J
S04	<input type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

### Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.

*Isocyanate methylation To urea See Section Q  
T04*

4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding: 265.12				
a. Receipt of hazardous waste from a foreign source?	_____	_____	_____	_____
b. Facility expansion?	_____	_____	_____	_____
c. Change of owner or operator?	_____	_____	_____	_____
2. General Waste Analysis: 265.13				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	_____	✓	_____	designate waste as hazardous
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?	_____	✓	_____	_____
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	_____	_____	_____	_____
3. Security - Do security measures include: (if applicable) 265.14				
a. 24-Hour surveillance?	_____	✓	_____	_____
or	_____	_____	_____	_____
b. i. Artificial or natural barrier around facility?	✓	_____	_____	fence
and	_____	_____	_____	_____
ii. Controlled entry?	_____	✓	_____	fence closed at night
c. Danger sign(s) at entrance?	_____	✓	_____	_____
4. Owner or operator inspections: 265.15				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	_____	✓	_____	_____

\*Not Inspected

	YES	NO	NI	Remarks
b. Does the owner or operator have an inspection schedule at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. If so, does the schedule address the inspection of the following items:				
i. monitoring equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. safety and emergency equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. security devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. operating and structural equipment (i.e. dikes, pumps, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. inspection frequency (based upon the possible deterioration rate of the equipment)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CURRENTLY MONTHLY inspection
d. Are areas subject to spills inspected daily when in use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Does the inspection log contain the following information:				
i. the date and time of the inspection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ii. the name of the inspector?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
iii. a notation of the observations made?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
iv. the date and nature of any repairs or remedial actions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Do personnel training records include: 265.16				
a. Job titles?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Job descriptions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	NI	Remarks
c. Description of training?	—	—	—	—
d. Records of training?	—	—	—	—
e. Did facility personnel receive the required training by 5-19-81?	—	—	—	—
f. Do new personnel receive required training within six months?	—	—	—	—
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	—	—	—	—
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	—	—	—	—
b. No smoking signs?	—	—	—	—
c. Separation and protection from ignition sources?	—	—	—	—

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation  
of Facility: 265.31

Is there any evidence of fire,  
explosion, or release of  
hazardous waste or hazardous  
waste constituent?

YES NO NI Remarks

\_\_\_\_\_ ☒ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

2. If required, does the facility  
have the following equipment: 265.32

a. Internal communications or  
alarm systems?

☒ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

b. Telephone or 2-way radios  
at the scene of operations?

☒ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

c. Portable fire extinguishers,  
fire control, spill control  
equipment and decontamination  
equipment?

☒ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Indicate the volume of water and/or foam available for fire control:

\_\_\_\_\_  
\_\_\_\_\_

3. Testing and Maintenance of  
Emergency Equipment: 265.33

a. Has the owner or operator  
established testing and  
maintenance procedures  
for emergency equipment?

☒ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

b. Is emergency equipment  
maintained in operable  
condition?

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ could not be determined

4. Has owner or operator provided  
immediate access to internal  
alarms? (if needed) 265.34

☒ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

5. Is there adequate aisle space  
for unobstructed movement?

☒ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

6. Has the owner or operator attempted  
to make arrangements with local  
authorities in case of an emergency  
at the facility?

☒ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

	YES	NO	NI	Remarks
1. Does the Contingency Plan contain the following information: 265.52				
a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)	✓			Police dept. only
b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?	✓			
c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	✓			
d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	✓			
e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)	✓			
2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53	✓			

	YES	NO	NI	Remarks
3. Emergency Coordinator 265.55				
a. Is the facility Emergency Coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Emergency Procedures 265.56				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO occurrence

Section E: MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING: (Part 265 Subpart E)

	YES	NO	NI	Remarks
<b>** 1. Use of Manifest System 265.71</b>				
a. Does the facility follow the procedures listed in §265.71 for processing each manifest? (Particularly sending a copy of the signed manifest back to the generator within 30 days after delivery.)	—	—	—	<u>NOT DISPOSAL FACILITY</u> NO OFF SITE WASTES
b. Are records of past shipments retained for 3 years?	—	—	—	—
<b>** 2. Does the owner or operator meet requirements regarding manifest discrepancies? 265.72</b>				
—	—	—	—	—
<b>** Not applicable to owners or operators of on-site facilities that do not receive any waste from off-site sources.</b>				
<b>3. Operating Record 265.73</b>				
a. Does the owner or operator maintain an operating record as required in 265.73?	—	✓	—	—
b. Does the operating record contain the following information:				
i. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in 40 CFR Part 265 Appendix I?	—	—	—	—
ii. The location and quantity of each hazardous waste within the facility? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)	—	—	—	—
***iii. A map or diagram of each cell or disposal area				

\*\*\* only applies to disposal facilities

YES NO NI Remarks

showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

iv. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

v. Reports detailing all incidents that required implementation of the Contingency Plan?

vi. All closure and post closure costs as applicable?

4. Availability of Records 265.74

Are all facility records required under 40 CFR Part 265 available for inspection?

5.\*\*Unmanifested Waste Reports 265.76

a. Has the facility accepted any hazardous waste from an off-site generator subject to 40 CFR 262.20 without a manifest or or shipping paper?

b. If "a" is yes, provide the identity of the source of the waste and a description of the quantity, type, and date received for each unmanifested hazardous waste shipment.

NA

\*\* Not applicable to owners or operators of on-site facilities that do not receive any hazardous from off-site sources.

Section F - GROUNDWATER MONITORING (Part 265 Subpart F)

Complete this section for facilities that treat, store, or dispose of hazardous waste in landfills, surface impoundments and/or by land treatment.

	YES	NO	NI	Remarks
1. Has the owner or operator of the facility implemented a groundwater monitoring system? 265.90	___	___	___	<u>NA</u>
If "no", Skip to number 11.				
2. Has the owner or operator of the facility implemented an alternate groundwater monitoring system as described in 265.90(d)?	___	___	___	_____
If "yes", skip to number 12.				
If "no", continue				
3. Does the groundwater monitoring system meet the following requirements of 265.91:				
a. At least one well installed hydraulically up-gradient from the limit of the waste management area?	___	___	___	_____
Indicate the total number of up-gradient wells.				
b. At least three wells installed hydraulically down-gradient at the limit of the waste management area?	___	___	___	_____
Indicate the total number of downgradient wells.				
c. Are the number, locations, and depths of all wells sufficient to yield groundwater samples that are representative of groundwater under the facility?	___	___	___	_____

	YES	NO	NI	Remarks
8. Has the owner or operator developed an <u>outline</u> of a comprehensive groundwater quality assesment program that is capable of determining: 265.93				
a. Whether hazardous waste or hazardous waste constituents have entered the groundwater?	___	___	___	_____
b. The rate and extent of migration of hazardous waste or hazardous waste constituents in the groundwater?	___	___	___	_____
c. The concentration of hazardous waste or hazardous waste constituents in the groundwater?	___	___	___	_____
*9. Has the owner or operator performed a statistical analysis of his groundwater monitoring data as required in 265.93(b)?	___	___	<u>X</u>	_____
*10. Was there a statistically significant increase (or pH decrease) detected in any well?	___	___	<u>X</u>	_____
a. If "yes," has the owner or operator responded in accordance with the procedures prescribed in 265.93 paragraphs c through f?	___	___	<u>X</u>	_____
Skip to number 14				
11. Has the owner or operator prepared a written groundwater monitoring waiver demonstration for the facility?	___	___	___	_____
a. Is the waiver demonstration maintained at the facility?	___	___	___	_____
b. Has the waiver demonstration been certified by a qualified geologist or geotechnical engineer?	___	___	___	_____

Note: Inspectors should request a copy of the waiver document.

c. Skip questions 12, 13, and 14.

\*These requirements do not take effect until the first 6 months after November 19, 1982. The latest date for compliance with these requirements is May 19, 1983.

Section G    CLOSURE AND POST CLOSURE (Par    65 Subpart G)

YES    NO    NI    Remarks

1. Closure    265.112

a. Is the facility closure plan available for inspection?

*Under EPA review -  
Company seeking approval  
for closure*

b. Does the plan identify:

i. maximum extent unclosed during facility life?

ii. maximum hazardous waste inventory?

iv. estimated year of closure?

v. schedule of closure activities?

c. Has closure begun?

\*2. Post-Closure    265.118

a. Is the post-closure plan available for inspection?

b. Does this plan contain:

i. description of groundwater monitoring activities and frequencies?

ii. description of maintenance activities and frequencies for

AA. integrity of cap, final cover, or containment structures, where applicable

BB. facility monitoring equipment

iii. name, address, and phone number of person or office to contact during post-closure care period?

c. Has the post-closure period begun?

d. Is the written post-closure cost estimate available?    265.144

Applies only to disposal facilities.

Section I - USE AND MANAGEMENT OF CONTAINERS (Part 265, Subpart I)

	YES	NO	NI	Remarks
1. Are containers in good condition? 265.171	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are containers compatible with waste in them? 265.172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers managed to prevent leaks? 265.173	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are containers inspected weekly for leaks and defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>no incompatibles</u>

Section J - TANKS (Part 265, Subpart J)

YES NO NI Remarks

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192  

NA
2. Do uncovered tanks have at least 60 cm (2 feet) of free-board, or dikes or other containment structures?
3. Do continuous feed systems have a waste-feed cutoff?
4. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193
5. Are required daily and weekly inspections done? 265.194
6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? 265.198  
 Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)
7. Are incompatible wastes stored in separate tanks? 265.199  
 (If not, the provisions of 40 CFR 265.17(b) apply.)
8. Has the owner or operator observed the National Fire Protection Associations buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: \_\_\_\_\_ gallons

Tank diameter: \_\_\_\_\_ feet

Distance of tank from property line \_\_\_\_\_ feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

Section K - SURFACE IMPOUNDMENTS (Part 265, Subpart K)

	YES	NO	NI	Remarks
1. Do surface impoundments have at least 60 cm (2 feet) of freeboard? 265.222	_____	_____	_____	NA
2. Do earthen dikes have protective covers? 265.223	_____	_____	_____	_____
3. Are waste analyses done when the impoundment is used to store a substantially different waste than before? 265.225	_____	_____	_____	_____
4. Is the freeboard level inspected at least daily? 265.226	_____	_____	_____	_____
5. Are the dikes inspected weekly for evidence of leaks or deterioration?	_____	_____	_____	_____
6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.229	_____	_____	_____	_____
7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.230	_____	_____	_____	_____

Section L - WASTE PILES (40 CFR Part 265, Subpart L)

	YES	NO	NI	Remarks
1. Are waste piles covered or protected from dispersal by wind? 265.251	_____	_____	_____	NA
2. Is each in-coming movement of waste analyzed before being added to the waste pile? 265.252	_____	_____	_____	_____
3. Are leachate, run-off, and run-on controlled as per the requirements of 265.253? 265.253	_____	_____	_____	_____
4. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.256	_____	_____	_____	_____
5. Are piles of reactive or ignitable waste protected from materials or conditions that might cause them to ignite or react?	_____	_____	_____	_____
6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.257	_____	_____	_____	_____
7. Are piles of incompatible waste protected by barriers or distance from other waste?	_____	_____	_____	_____

Section M - LAND TREATMENT (Part 265, Subpart M)

	YES	NO	NI	Remarks
1. Is treated hazardous waste capable of biological or chemical degradation? 265.272				NA
2. Are run-off and run-on diverted from the facility or collected				
3. Is waste analyzed according to 265.273?				
4. If food chain crops are grown at the facility, has the owner or operator addressed the requirements of 265.276?				
5. Is an unsaturated zone monitoring plan designed and implemented to detect the vertical migration of hazardous waste and provide information on the background concentrations of the hazardous waste available? 265.278				
6. Does the unsaturated zone monitoring plan address the minimum information specified in 265.278?				
7. Are records kept regarding application dates and rates, quantities, and locations, of all hazardous waste placed in the facility? 265.279				
8. Are the special requirements fulfilled regarding land treatment of ignitable or reactive wastes? (Indicate if waste is ignitable or reactive.) 265.281				
9. Are incompatible wastes land treated? (If yes, 265.17(b) applies) 265.282				

Section N - LANDFILLS (Part 265, Subpart N)

YES   NO   NI   Remarks

1. General Operating Requirements    265.302  
Does the facility provide the following:

a. Diversion of run-on away from active portions of the fill?

\_\_\_\_\_

NA

b. Collection of run-off from active portions of the fill?

\_\_\_\_\_

c. Is collected run off treated?

\_\_\_\_\_

d. Control of wind dispersal of hazardous waste?

\_\_\_\_\_

2. Surveying and Recordkeeping    265.309  
Does the Operating Record Include:

a. A map showing the exact location and dimensions of each cell?

\_\_\_\_\_

b. The contents of each cell and the location of each hazardous waste type withing each cell?

\_\_\_\_\_

3. Special requirements for ignitable or reactive waste. Are ignitable or reactive wastes treated so the resulting mixture is no longer ignitable or reactive? (Indicate if waste is ignitable or reactive.)    265.312

\_\_\_\_\_

4. Special Requirements for Incompatible Wastes.    265.313

Does the owner or operator dispose of incompatible waste in separate cells? (If not, the provisions of 40 CFR 265.17(b) apply.)

\_\_\_\_\_

Note: If waste is rendered non-reactive or non-ignitable see treatment requirements. If not, the provisions of 40 CFR 265.17(b) apply.

Section O/P - INCINERATION AND THERMAL TREATMENT (40 CFR Part 265, Subparts O and P)

Determination of Steady State

I=incinerator T=thermal

a. Type of unit (i.e., type of incinerator or thermal treatment):

NA

b. Components and steady state condition: I 265.343 T 265.373

Was each component at steady state prior to adding waste?

Component	YES	NO	NI	Remarks

2. Waste Analysis

I 265.345

T 265.375

a. Minimum requirements, for wastes not previously burned/treated.

i. Required analyses; has an analysis been performed for the following?

Heating value

Halogen content

Sulfur content

ii. Has documented or written data been substituted for analysis of either:

Lead?

Mercury:

Section Q - CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (Part 265, Subpart Q)

	YES	NO	NI	Remarks
1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure? 265.401	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>it appears so. Treatment was not taking place at time of inspection, and</u>
2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Not continuous feed</u>
3. Has the owner or operator addressed the waste analysis requirements of 265.402?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>recyclables only treated</u>
4. Are inspection procedures followed according to 265.403?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>was determined to be inspected</u>
5. Are the special requirements fulfilled for ignitable or reactive wastes? 265.405	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.) 265.406	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>No incompatibles</u>

Note: EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Sections 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristics under 40 CFR §261.22, or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason.

Waste water mixture mixed with waste material at a controlled, slow pace so as not to create a quick or high state of reaction.

Ventilation exists over the process tank with a shield to protect employees.

# Appendix GN

## Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

## Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
(1) Does the operator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>8</u>				
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21				
a. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Name, mailing address, telephone number, and EPA ID number of Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>are missing info</u>
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has <u>NOT</u> received a signed copy from the designated facility within 35 days of the date of shipment. <u>NA</u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. <u>NR</u>				

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

	YES	NO	NI	Remarks
1. Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required for movement of hazardous waste off-site) 262.31 262.32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If required, are placards available to transporters of hazardous waste? 262.33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all accumulation to tanks and containers. If the installation elects option A, check this box <input type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: See 40 CFR 262.34 January 11, 1982 Revision				
a. Is each container clearly marked with the start of accumulation date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Have more than 90 days elapsed since the date inspected in (a)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Do wastes remain in accumulation tanks for more than 90 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

	YES	NO	NI	Remarks
1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

1. Has the installation imported or exported Hazardous Waste? 262.50	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(If answered Yes, complete the following as applicable.)				
a. Exporting Hazardous waste; has a generator:				

# Appendix TR

## Section A: SCOPE:

	YES	NO	NI	Remarks
1. Complete this Appendix if the owner or operator transports hazardous waste subject to 40 CFR 263.10.	_____	_____	_____	NA
2. Does the transporter transport hazardous waste into the U.S. from abroad?	_____	_____	_____	_____
3. Does the transporter transport hazardous waste out from the U.S.?	_____	_____	_____	_____
4. Does the transporter mix hazardous waste of different DOT shipping descriptions by placing them into a single container?	_____	_____	_____	_____

## Section B: MANIFEST SYSTEM AND RECORDKEEPING (Part 263, Subpart B)

1. Are copies of <u>completed</u> manifests available for review and retained for three years. 263.22	_____	_____	_____	_____
2. Estimate the number of manifests for shipments completed during the past 6 months.	_____	_____	_____	_____
3. Examine a representative number of manifests. Indicate number examined.	_____	_____	_____	_____
4. Did transporter properly sign and date the manifests examined?	_____	_____	_____	_____
5. Do any manifests indicate shipments delivered to other than the designated facility? 263.21	_____	_____	_____	_____
If (5) is "no," skip 6 and 7.	_____	_____	_____	_____
6. Do any manifests indicate shipments delivered to other than an alternate facility?	_____	_____	_____	_____
7. Are shipments delivered to alternate facilities <u>only</u> because emergency prevents delivery to the designated facility?	_____	_____	_____	_____

STATE OF MICHIGAN



JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

STEVENS T. MASON BUILDING

BOX 30028

LANSING, MI 48909

HOWARD A. TANNER, Director

Hazardous Waste Division

9311 Groh Road

Grosse Ile, Michigan 48138

NATURAL RESOURCES COMMISSION

JACOB A. HOEFER

ROBERT HOLMES

E. M. LAITALA

HILARY F. SNELL

PAUL H. WENDLER

HARRY H. WHITELEY

August 5, 1983

Mr. Rudy Merriweather  
Plant Manager  
BASF Wyandotte Corporation  
1700 Blaney Drive  
Troy, Michigan

RE: MID 057007478

Dear Mr. Merriweather:

On July 25, 1983, your plant was inspected to determine compliance with Subtitle C of the Resource Conservation and Recovery Act of 1976, as amended (RCRA). The facility generates and stores hazardous waste and is subject to the Act.

No violations of the RCRA Generator or Interim Status Standards were observed during the inspection.

Thank you for your cooperation. Feel free to contact me at (313) 675-0860 if you have any questions.

Sincerely,

*William E. Stone*

William E. Stone  
Water Quality Specialist  
Compliance Section  
Hazardous Waste Division

WES/sc

cc: Ken Burda (3)

Code 0

# RCRA Inspection Report

EPA Identification Number: MI D 057007479

Installation Name: BASF Wyandotte Corp

Location Address: 1700 Blaney Drive

City: Troy State: Mi.

Date of inspection: 7/25/83 Time of inspection (from) 9:45a (to) 12:30p

Person(s) interviewed	Title	Telephone
<u>Dale Roush</u>	<u>Super. Environmental Affairs</u>	<u>313) 282-3300</u>
<u>Rudy Merriweather</u>	<u>Plant Manager</u>	

Inspector(s)	Agency/Title	Telephone
<u>William E. Stone</u>	<u>MI DNR-HWD/WQS</u>	<u>313) 675-0860</u>

Installation Activity (mark only one box)

Inspection Form(s)

- ☒ Treatment/Storage/Disposal per 40 CFR 265.1 and/or they plan to withdraw their Generation and/or Transportation storage app. and go through closure when their Part B is called in.
- ☐ Treatment/Storage/Disposal (no generation or Transportation) A
- ☐ Generation and Transportation B, C
- ☐ Generation only B
- ☐ Transportation only C

The plant blends raw materials to make resins and isocyanates for urethane foam systems.

Two wastes are generated: 1) nonhazardous waste resins which are disposed of at City Disposal 2) Waste isocyanates (0002).

The isocyanates were being disposed of at AlBurn in Chicago. They have been stored on site <sup>(outside on diked pad)</sup> since AlBurn was closed (in 55 gal. drums).

Sixteen (16) drums have been accumulated in 10 months. They could qualify as a small quantity generator if the waste was managed differently.

<sup>(2)</sup> The company has contracted with SCA of Chicago to remove the waste and incinerate it at their facility in early August.

# INSPECTION FORM A

## Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3)      Inspection Form A section(s)

S01	<input checked="" type="checkbox"/>	storage in containers	55 gal drums	I
S02	<input type="checkbox"/>	storage in tanks		J
T01	<input type="checkbox"/>	treatment in tanks		J
S04	<input type="checkbox"/>	storage in surface impoundment		K,F
T02	<input type="checkbox"/>	treatment in surface impoundment		K,F
D83	<input type="checkbox"/>	disposal in surface impoundment		K,F
S03	<input type="checkbox"/>	storage in waste pile		L
D81	<input type="checkbox"/>	disposal by land application		M,F
D80	<input type="checkbox"/>	disposal in landfill		N,F
T03	<input type="checkbox"/>	treatment by incineration		O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators		Q

### Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.  
*none*
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.  
*none*

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding: 265.12				
a. Receipt of hazardous waste from a foreign source?	—	—	—	<u>NA</u>
b. Facility expansion?	—	—	—	<u>NA</u>
c. Change of owner or operator?	—	—	—	<u>NA</u>
2. General Waste Analysis: 265.13				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<u>X</u>	—	—	
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<u>X</u>	—	<u>only</u>	<u>one waste</u>
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	—	—	—	<u>NA no off site accepted</u>
3. Security - Do security measures include: (if applicable) 265.14				
a. 24-Hour surveillance?	—	—	—	
or				
b. i. Artificial or natural barrier around facility?	<u>X</u>	—	—	
and				
ii. Controlled entry?	<u>X</u>	—	—	
c. Danger sign(s) at entrance?	<u>X</u>	—	—	
4. Owner or operator inspections: 265.15				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	<u>X</u>	—	—	

\*Not Inspected

	YES	NO	NI	Remarks
b. Does the owner or operator have an inspection schedule at the facility?	<u>X</u>	_____	_____	_____
c. If so, does the schedule address the inspection of the following items:				
i. monitoring equipment?	_____	_____	_____	<u>NA</u>
ii. safety and emergency equipment?	<u>X</u>	_____	_____	_____
iii. security devices?	<u>X</u>	_____	_____	_____
iv. operating and structural equipment (i.e. dikes, pumps, etc.)?	<u>X</u>	_____	_____	_____
v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?	<u>X</u>	_____	_____	_____
vi. inspection frequency (based upon the possible deterioration rate of the equipment)?	<u>X</u>	_____	_____	_____
d. Are areas subject to spills inspected daily when in use?	<u>X</u>	_____	_____	_____
e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?	<u>X</u>	_____	_____	_____
f. Does the inspection log contain the following information:				
i. the date and time of the inspection?	<u>X</u>	_____	_____	_____
ii. the name of the inspector?	<u>X</u>	_____	_____	_____
iii. a notation of the observations made?	<u>X</u>	_____	_____	_____
iv. the date and nature of any repairs or remedial actions?	<u>X</u>	_____	_____	_____
5. Do personnel training records include: 265.16				
a. Job titles?	<u>X</u>	_____	_____	_____
b. Job descriptions?	<u>X</u>	_____	_____	_____

	YES	NO	NI	Remarks
c. Description of training?	<u>X</u>	—	—	_____
d. Records of training?	<u>X</u>	—	—	_____
e. Did facility personnel receive the required training by 5-19-81?	<u>X</u>	—	—	_____
f. Do new personnel receive required training within six months?	—	—	<u>X</u>	_____
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	<u>X</u>	—	—	_____
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	<u>X</u>	—	—	<u>NA</u>
b. No smoking signs?	<u>X</u>	—	—	<u>"</u>
c. Separation and protection from ignition sources?	<u>X</u>	—	—	<u>"</u>

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation  
of Facility: 265.31

Is there any evidence of fire,  
explosion, or release of  
hazardous waste or hazardous  
waste constituent?

YES NO NI Remarks

— X —

2. If required, does the facility  
have the following equipment: 265.32

a. Internal communications or  
alarm systems?

X — —

ADT Fire Alarm - sprinkler  
3 manual switches

b. Telephone or 2-way radios  
at the scene of operations?

X — —

Telephone

c. Portable fire extinguishers,  
fire control, spill control  
equipment and decontamination  
equipment?

X — —

Indicate the volume of water and/or foam available for fire control:

Absorbant, TDI neutralizing fluid, Scott Air Packs etc.

2 Dry Chem ext. near by storage area. Municipal Water

3. Testing and Maintenance of  
Emergency Equipment: 265.33

a. Has the owner or operator  
established testing and  
maintenance procedures  
for emergency equipment?

X — —

Monthly

b. Is emergency equipment  
maintained in operable  
condition?

X — —

4. Has owner or operator provided  
immediate access to internal  
alarms? (if needed) 265.34

X — —

5. Is there adequate aisle space  
for unobstructed movement?

X — —

6. Has the owner or operator attempted  
to make arrangements with local  
authorities in case of an emergency  
at the facility?

X — —

Fire Dept. has inspected  
and Mr Merriweather has  
given them training at their  
station.

Beaumont Hospital 4/82-A

has company's Emergency Plan  
and safety data sheets

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

	YES	NO	NI	Remarks
1. Does the Contingency Plan contain the following information: 265.52				
a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)	<u>X</u>	—	—	_____
b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?	<u>X</u>	—	—	_____
c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	<u>X</u>	—	—	_____
d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	<u>X</u>	—	—	_____
e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)	<u>X</u>	—	—	_____
2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53	<u>X</u>	—	—	_____

YES NO NI Remarks

3. Emergency Coordinator 265.55

- a. Is the facility Emergency Coordinator identified?
- b. Is coordinator familiar with all aspects of site operation and emergency procedures?
- c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?

X

X

X

4. Emergency Procedures 265.56

If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?

NA

Section E: MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING: (Part 265 Subpart E)

	YES	NO	NI	Remarks
** 1. Use of Manifest System 265.71				
a. Does the facility follow the procedures listed in 265.71 for processing each manifest? (Particularly sending a copy of the signed manifest back to the generator within 30 days after delivery.)	—	—	—	—
b. Are records of past shipments retained for 3 years?	—	—	—	—
** 2. Does the owner or operator meet requirements regarding manifest discrepancies? 265.72	—	—	—	—
** Not applicable to owners or operators of on-site facilities that do not receive any waste from off-site sources.				
3. Operating Record 265.73				
a. Does the owner or operator maintain an operating record as required in 265.73?	X	—	—	rely on their manifests since no off-site waste is accepted
b. Does the operating record contain the following information:				
i. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in 40 CFR Part 265 Appendix I?	X	—	—	small only one storage area. only one waste type, drums are dated when put in storage. manifests document when shipped for disposal
ii. The location and quantity of each hazardous waste within the facility? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)	X	—	—	see above
***iii. A map or diagram of each cell or disposal area				

\*\*\* only applies to disposal facilities

YES NO NI Remarks

showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

\_\_\_ \_\_\_ NA

iv. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

X \_\_\_ \_\_\_

v. Reports detailing all incidents that required implementation of the Contingency Plan?

\_\_\_ \_\_\_ NA.

vi. All closure and post closure costs as applicable?

X \_\_\_ \_\_\_

4. Availability of Records 265.74

Are all facility records required under 40 CFR Part 265 available for inspection?

X \_\_\_ \_\_\_

5.\*\*Unmanifested Waste Reports 265.76

a. Has the facility accepted any hazardous waste from an off-site generator subject to 40 CFR 262.20 without a manifest or or shipping paper?

\_\_\_ \_\_\_

b. If "a" is yes, provide the identity of the source of the waste and a description of the quantity, type, and date received for each unmanifested hazardous waste shipment.

\_\_\_

\_\_\_

\*\*

Not applicable to owners or operators of on-site facilities that do not receive any hazardous from off-site sources.

Section F - GROUNDWATER MONITORING (Part 265 Subpart F)

Complete this section for facilities that treat, store, or dispose of hazardous waste in landfills, surface impoundments and/or by land treatment.

	YES	NO	NI	Remarks
1. Has the owner or operator of the facility implemented a groundwater monitoring system? 265.90	___	___	___	_____
If "no", Skip to number 11.				
2. Has the owner or operator of the facility implemented an alternate groundwater monitoring system as described in 265.90(d)?	___	___	___	_____
If "yes", skip to number 12.				
If "no", continue				
3. Does the groundwater monitoring system meet the following requirements of 265.91:				
a. At least one well installed hydraulically up-gradient from the limit of the waste management area?	___	___	___	_____
Indicate the total number of up-gradient wells.				
b. At least three wells installed hydraulically down-gradient at the limit of the waste management area?	___	___	___	_____
Indicate the total number of downgradient wells.				
c. Are the number, locations, and depths of all wells sufficient to yield groundwater samples that are representative of groundwater under the facility?	___	___	___	_____

Sketch the locations of the wells relative to the waste management area.

	YES	NO	NI	Remarks
d. Are the monitoring wells constructed in accordance with 265.91(c) (e.g. properly cased, screened, etc.)?	_____	_____	_____	_____
4. Has the owner or operator developed a written groundwater sampling and analysis plan that includes procedures and techniques for: 265.92				
a. Sample collection?	_____	_____	_____	_____
b. Sample preservation and shipment?	_____	_____	_____	_____
c. Analytical procedures?	_____	_____	_____	_____
d. Chain of custody control?	_____	_____	_____	_____
5. Does the owner or operator follow his groundwater sampling and analysis plan?	_____	_____	_____	_____
6. Is the groundwater sampling and analysis plan maintained at the facility?	_____	_____	_____	_____
7. Has the owner or operator determined the concentration or value of all the groundwater monitoring parameters of 265.92(b) in accordance with paragraphs c and d of 265.92?	_____	_____	_____	_____

	YES	NO	NI	Remarks
8. Has the owner or operator developed an <u>outline</u> of a comprehensive groundwater quality assesment program that is capable of determining: 265.93				
a. Whether hazardous waste or hazardous waste constituents have entered the groundwater?				
b. The rate and extent of migration of hazardous waste or hazardous waste constituents in the groundwater?				
c. The concentration of hazardous waste or hazardous waste constituents in the groundwater?				
*9. Has the owner or operator performed a statistical analysis of his groundwater monitoring data as required in 265.93(b)?			X	
*10. Was there a statistically significant increase (or pH decrease) detected in any well?			X	
a. If "yes," has the owner or operator responded in accordance with the procedures prescribed in 265.93 paragraphs c through f?			X	
Skip to number 14				
11. Has the owner or operator prepared a written groundwater monitoring waiver demonstration for the facility?				
a. Is the waiver demonstration maintained at the facility?				
b. Has the waiver demonstration been certified by a qualified geologist or geotechnical engineer?				

Note: Inspectors should request a copy of the waiver document.

c. Skip questions 12, 13, and 14.

\*These requirements do not take effect until the first 6 months after November 19, 1982. The latest date for compliance with these requirements is May 19, 1983.

	YES	NO	NI	Remarks
12. Has the owner or operator submitted an alternate groundwater monitoring system to the Regional Administrator?	___	___	___	_____
a. Has the plan been certified by a qualified geologist or geotechnical engineer?	___	___	___	_____
Note: If the plan for an alternate groundwater monitoring system was not submitted to the Regional Administrator the inspector should request a copy for review.				
13. Does the alternate groundwater monitoring plan address the requirements of 265.90(d)?	___	___	___	_____
14. Does the owner or operator submit reports and maintain records as required in 265.94?	___	___	___	_____

Section G CLOSURE AND POST CLOSURE (Part 65 Subpart G)

	YES	NO	NI	Remarks
1. Closure 265.112				
a. Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
ii. maximum hazardous waste inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. estimated year of closure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
v. schedule of closure activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has closure begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
*2. Post-Closure 265.118				
a. Is the post-closure plan available for inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB. facility monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. name, address, and phone number of person or office to contact during post-closure care period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has the post-closure period begun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is the written post-closure cost estimate available? 265.144	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\*Applies only to disposal facilities.

Section I - USE AND MANGEMENT OF CONTAINERS (Part 265, Subpart I)

	YES	NO	NI	Remarks
1. Are containers in good condition? 265.171	<u>X</u>	___	___	_____
2. Are containers compatible with waste in them? 265.172	<u>X</u>	___	___	_____
3. Are containers managed to prevent leaks? 265.173	<u>X</u>	___	___	_____
4. Are containers stored closed?	<u>X</u>	___	___	<u>vented to prevent CO<sub>2</sub> buildup</u>
5. Are containers inspected weekly for leaks and defects.	<u>X</u>	___	___	<u>3x/wk</u>
6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176	___	___	___	<u>NA</u>
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177	___	___	___	<u>NA</u>
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	___	___	___	<u>NA</u>

Section J - TANKS (Part 265, Subpart J)

YES NO NI Remarks

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192
2. Do uncovered tanks have at least 60 cm (2 feet) of free-board, or dikes or other containment structures?
3. Do continuous feed systems have a waste-feed cutoff?
4. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193
5. Are required daily and weekly inspections done? 265.194
6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? 265.198  
 Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)
7. Are incompatible wastes stored in separate tanks? 265.199  
 (If not, the provisions of 40 CFR 265.17(b) apply.)
8. Has the owner or operator observed the National Fire Protection Associations buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: \_\_\_\_\_ gallons

Tank diameter: \_\_\_\_\_ feet

Distance of tank from property line \_\_\_\_\_ feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

Section K - SURFACE IMPOUNDMENTS (Part 265, Subpart K)

	YES	NO	NI	Remarks
1. Do surface impoundments have at least 60 cm (2 feet) of freeboard? 265.222	_____	_____	_____	_____
2. Do earthen dikes have protective covers? 265.223	_____	_____	_____	_____
3. Are waste analyses done when the impoundment is used to store a substantially different waste than before? 265.225	_____	_____	_____	_____
4. Is the freeboard level inspected at least daily? 265.226	_____	_____	_____	_____
5. Are the dikes inspected weekly for evidence of leaks or deterioration?	_____	_____	_____	_____
6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.229	_____	_____	_____	_____
7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.230	_____	_____	_____	_____

Section L - WASTE PILES (40 CFR Part 265, Subpart L)

	YES	NO	NI	Remarks
1. Are waste piles covered or protected from dispersal by wind? 265.251	___	___	___	_____
2. Is each in-coming movement of waste analyzed before being added to the waste pile? 265.252	___	___	___	_____
3. Are leachate, run-off, and run-on controlled as per the requirements of 265.253? 265.253	___	___	___	_____
4. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.256	___	___	___	_____
5. Are piles of reactive or ignitable waste protected from materials or conditions that might cause them to ignite or react?	___	___	___	_____
6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.257	___	___	___	_____
7. Are piles of incompatible waste protected by barriers or distance from other waste?	___	___	___	_____

Section M - LAND TREATMENT (Part 265, Subpart M)

	YES	NO	NI	Remarks
1. Is treated hazardous waste capable of biological or chemical degradation? 265.272	_____	_____	_____	_____
2. Are run-off and run-on diverted from the facility or collected	_____	_____	_____	_____
3. Is waste analyzed according to 265.273?	_____	_____	_____	_____
4. If food chain crops are grown at the facility, has the owner or operator addressed the requirements of 265.276?	_____	_____	_____	_____
5. Is an unsaturated zone monitoring plan designed and implemented to detect the vertical migration of hazardous waste and provide information on the background concentrations of the hazardous waste available? 265.278	_____	_____	_____	_____
6. Does the unsaturated zone monitoring plan address the minimum information specified in 265.278?	_____	_____	_____	_____
7. Are records kept regarding application dates and rates, quantities, and locations, of all hazardous waste placed in the facility? 265.279	_____	_____	_____	_____
8. Are the special requirements fulfilled regarding land treatment of ignitable or reactive wastes? (Indicate if waste is ignitable or reactive.) 265.281	_____	_____	_____	_____
9. Are incompatible wastes land treated? (If yes, 265.17(b) applies) 265.282	_____	_____	_____	_____

Section N - LANDFILLS (Part 265, Subpart N)

YES   NO   NI   Remarks

1. General Operating Requirements    265.302  
Does the facility provide the following:

a. Diversion of run-on away from active portions of the fill?

\_\_\_\_\_

b. Collection of run-off from active portions of the fill?

\_\_\_\_\_

c. Is collected run off treated?

\_\_\_\_\_

d. Control of wind dispersal of hazardous waste?

\_\_\_\_\_

2. Surveying and Recordkeeping    265.309  
Does the Operating Record Include:

a. A map showing the exact location and dimensions of each cell?

\_\_\_\_\_

b. The contents of each cell and the location of each hazardous waste type within each cell?

\_\_\_\_\_

3. Special requirements for ignitable or reactive waste. Are ignitable or reactive wastes treated so the resulting mixture is no longer ignitable or reactive? (Indicate if waste is ignitable or reactive.) 265.312

\_\_\_\_\_

4. Special Requirements for Incompatible Wastes. 265.313

Does the owner or operator dispose of incompatible waste in separate cells? (If not, the provisions of 40 CFR 265.17(b) apply.)

\_\_\_\_\_

Note: If waste is rendered non-reactive or non-ignitable see treatment requirements. If not, the provisions of 40 CFR 265.17(b) apply.

	YES	NO	NI	Remarks
5. Special requirements for liquid waste 265.314				
a. Are bulk or non-containerized liquids placed in the landfill? If "yes," complete items i, ii, and iii.				
i. Does the landfill have a chemically and physically resistant liner system?	_____	_____	_____	_____
ii. Does the landfill have a functional leachate collection system?	_____	_____	_____	_____
iii. Are free liquids stabilized prior to or immediately after placement in the landfill?	_____	_____	_____	_____
b. Have containers holding free liquids been placed in landfill since March 22, 1982?	_____	_____	_____	_____
6. Special requirements for Containers Are empty containers crushed flat, shredded, or similarly reduced in volume before being buried beneath the surface of the landfill? 265.315	_____	_____	_____	_____

Section O/P - INCINERATION AND THERMAL TREATMENT (40 CFR Part 265, Subparts O and P)

Determination of Steady State

I=incinerator T=thermal

a. Type of unit (i.e., type of incinerator or thermal treatment): \_\_\_\_\_

b. Components and steady state condition: I 265.343 T 265.373

Was each component at steady state prior to adding waste?

Component	YES	NO	NI	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Waste Analysis I 265.345 T 265.375

a. Minimum requirements, for wastes not previously burned/treated.

i. Required analyses; has an analysis been performed for the following?

Heating value	_____	_____	_____	_____
Halogen content	_____	_____	_____	_____
Sulfur content	_____	_____	_____	_____

ii. Has documented or written data been substituted for analysis of either:

Lead?	_____	_____	_____	_____
Mercury:	_____	_____	_____	_____

- b. List other parameters for which the waste is tested to enable owner or operator to establish steady state or determine the types of pollutants which may be emitted. (Note in Remarks any which you feel should be tested.)

	YES	NO	NI	Remarks
3. <u>Monitoring and Inspections</u> I 265.347 T 265.37				
a. Are combustion/emission control instruments monitored at least every 15 minutes?	_____	_____	_____	_____
b. Is steady state maintained or corrections attempted?	_____	_____	_____	_____
c. Is stack plume observed at least hourly for normal color and opacity?	_____	_____	_____	_____
d. Did any stack observations made by owner or operator show a plume different than normal?**	_____	_____	_____	_____
e. If "yes" to (d) above, were corrections made to return emissions to normal appearance?**	_____	_____	_____	_____
f. Are the complete unit and associated equipment inspected daily for leaks, spills, and fugitive emissions?	_____	_____	_____	_____
**Specify in Remarks for what period of time this was checked.				
g. Are emergency shutdown controls and system alarms checked daily for proper operation?	_____	_____	_____	_____
4. <u>Open Burning</u> T 265.382 (open burning does not apply to incineration)				
a. Only complete this part if the facility open burns hazardous waste.				
i. Does this facility burn <u>only</u> waste explosives? (A <u>No</u> answer means <u>other</u> hazardous waste is open-burned).	_____	_____	_____	_____

	YES	NO	NI	Remarks
ii. It this facility open-burns waste explosives, does it burn the waste at a distance greater than or equal to the minimum specified distance (below)				

Pounds of waste explosives or propellants	Minimum distance from open burning or detonation to the property of others	
0 to 100.....	204 m	670 ft
101 to 1,000.....	380 m	1,250 ft
1,001 to 10,000.....	530 m	1,730 ft
10,0001 to 30,000.....	690 m	2,260 ft

Section Q - CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (Part 265, Subpart Q)

	YES	NO	NI	Remarks
1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure? 265.401	___	___	___	_____
2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system)?	___	___	___	_____
3. Has the owner or operator addressed the waste analysis requirements of 265.402?	___	___	___	_____
4. Are inspection procedures followed according to 265.403?	___	___	___	_____
5. Are the special requirements fulfilled for ignitable or reactive wastes? 265.405	___	___	___	_____
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.) 265.406	___	___	___	_____

Note: EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Sections 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristics under 40 CFR §261.22, or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason.

## Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
(1) Does the operator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>0</u> <u>1 in 9/82</u>				
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21				
a. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Name, mailing address, telephone number, and EPA ID number of Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>made error - has since been corrected</u>
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has <u>NOT</u> received a signed copy from the designated facility within 35 days of the date of shipment. <u>0</u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. <u>NA</u>				

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

	YES	NO	NI	Remarks
1. Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required for movement of hazardous waste off-site) 262.31 262.32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If required, are placards available to transporters of hazardous waste? 262.33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all accumulation to tanks and containers. If the installation elects option A, check this box <input checked="" type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: See 40 CFR 262.34 January 11, 1982 Revision				
a. Is each container clearly marked with the start of accumulation date?	<i>Elect A but have done following:</i>			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Have more than 90 days elapsed since the date inspected in (a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Do wastes remain in accumulation tanks for more than 90 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

	YES	NO	NI	Remarks
1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

1. Has the installation imported or exported Hazardous Waste? 262.50	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(If answered Yes, complete the following as applicable.)				
a. Exporting Hazardous waste; has a generator:				

	YES	NO	NI	Remarks
i. Notified the Administrator in writing?				
ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?				
iii. Met the Manifest requirements?				
b. Importing Hazardous Waste; has the generator met the manifest requirements?				

# BASF Wyandotte Corporation



September 27, 1982

Wyandotte, Michigan 48192  
313 282-3300

Telex: 0230-647 (BASFWYANA WYTE)  
TWX: 810-231-5750 (BASFWYAN)

Hien Q. Nguyen, CE  
Michigan Department of Natural Resources  
Resource Recovery Division  
P. O. Box 30028  
Lansing, MI 48909

Dear Mr. Nguyen:

Re: RCRA Compliance Inspection at BASF Wyandotte Corp. (BWC),  
Troy, Mich., MID057007478, 24 September, 1982.

The purpose of this letter is to confirm that the two (2) items which at the time of your inspection were questionably in compliance have been resolved. These issues are satisfactorily explained as follows:

- (1) Section 265.176 - General requirements for ignitable, reactive, or incompatible wastes.

This regulation requires ignitable and reactive wastes be stored at least 15 meters (50 feet) from the facility property line.

## BWC Response

The drummed hazardous waste is not a listed waste and has not been characterized as ignitable or reactive. Toluene diisocyanate is simply a component in the waste. The material has been identified on the Waste Characterization Report, previously submitted to your Division, as Corrosive Liquid. Poisonous NOS Hazardous Waste No. D002. Hazard Class-Corrosive Material. This waste is not subject to the 15-meter regulation.

- (2) Enclosed please find a copy of Michigan Manifest No. MI 0173828 which describes the material shipped to Triangle Resource Industries (TRI). The required signatures are present.

If more information is needed or questions are yet unanswered, please do not hesitate to contact me.

Very truly yours,

H. D. Roush  
Manager  
Quality Assurance, Hygiene  
and Environmental Protection

HDR/mh  
enc.

RECEIVED

SEP 29 1982

RESOURCE RECOVERY  
DIVISION OFFICE

## WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS)☐ Act 136 Waste☐ Other

MI 017382

IDENTIFICATION	Generator's Name <b>BASF Wyandotte Corporation</b>	Primary Transporter's Name <b>Triangle Resource Industries</b>	Treatment, Storage or Disposal Facility <b>Triangle Resource Industries</b>
	Site Address <b>1700 Blaney Drive Troy, Michigan 48064</b>	Transporters Address <b>PO Drawer C Greenbrier, Tenn 37073</b>	Facility Address <b>PO Drawer C Greenbrier, Tenn 37073</b>
	Phone Number <b>(313) 643-0080</b>	Phone Number <b>(800) 251-1227</b>	Phone Number <b>(800) 251-1227</b>
	Generator's Site EPA I.D. Number <b>MI D057007470</b>	Transporter's EPA I.D. Number <b>WDD 980554653</b>	Facility Site EPA I.D. Number <b>TN D000645770</b>

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container		Form				Total Weight or Volume	Units	Hazardous or Liquid Waste Number
					No.	Type	Solid	Liquid	Gas	Sludge			
1.	<del>Waste Poison B, Liquid, NOS</del>	<del>Poison B</del>	<del>NA-2810</del>	<del>2</del>	49	DR					X	06 p 5 Gal.	
2.	<b>CORROSIVE LIQUID POISONOUS NOS</b>	<b>CORROSIVE MATERIAL</b>	<b>UN 2922</b>	<b>8</b>									<b>D0102</b>
3.													
4.													
5.													
6.													

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MAR 04 1982

COMMENTS	Include Safety precautions and special handling instructions. <b>Chemical plant waste contains poison liquids.</b>	<b>ENVIRONMENTAL PROTECTION NORTH</b>
----------	---	---------------------------------------

TRANSPORTER COMPLETES	GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1969 PA136. I further understand that this manifest may be used in administrative and court proceedings.	Generator Signature 	Date Shipped MO. DAY YEAR <b>218 82</b>	
	HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.	Transporter Vehicle I.D. No. <b>No. 1359-13</b>	Transporter Signature 	Date(s) Received <b>218 82</b>
	Subsequent Transporter Vehicle I.D. No's	Subsequent transporter(s) signature(s)		

If the shipment cannot be delivered, describe the reasons for non-delivery.
---

TSDF COMPLETES	TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.	TSDF Signature 	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Date Received
	Facility Site EPA I.D. Number			
	Describe any significant discrepancies between manifest and shipment.		Was a Surcharge Assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CRA

#919

## RCRA Inspection Report

Ei Identification Number: M I D 0 5 7 0 0 7 4 7 8Installation Name: BASF WYANDOTTE CORP.Location Address: 1700 BLANEY DRIVECity: TROY State: MI 48064Date of inspection: 9/24/82 Time of inspection (from) 9:00 (to) 11:10 AM

Person(s) interviewed

Title

Telephone

H DALE ROUSHEnv. Manager(313) 282-3300RUDY MERRIWEATHER Plant Manager(313) 643-0880W. JOE CAVELLProduction Manager(313) 643-0880

Inspector(s)

Agency/Title

Telephone

HIEN D. NGUYENMICH DNR / ENGINEER(517) 373-1818Installation Activity (mark only one box)Inspection Form(s)☒ Treatment/Storage/Disposal per 40 CFR 265.1 and/or  
Generation and/or Transportation

A

☐ Treatment/Storage/Disposal (no generation or Transportation)

A

☐ Generation and Transportation

B, C

☐ Generation only

B

☐ Transportation only

C

REMARKS : There was only one drum stored on-site which has vent pipe installed for pressure relief (Probably to prevent pressure build up when drum contents are heated by warm temperature). The company indicated that their waste is non-reactive and non-flammable.  
( See letter attached )

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OCT 07 1982

ACT 64

# INSPECTION FORM A

## Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3)      Inspection Form A section(s)

S01	<input checked="" type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

### Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.

NONE

4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

NONE

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding: 265.12				
a. Receipt of hazardous waste from a foreign source?	_____	<input checked="" type="checkbox"/>	_____	_____
b. Facility expansion?	_____	<input checked="" type="checkbox"/>	_____	_____
c. Change of owner or operator?	_____	<input checked="" type="checkbox"/>	_____	_____
2. General Waste Analysis: 265.13				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<input checked="" type="checkbox"/>	_____	_____	_____
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<input checked="" type="checkbox"/>	_____	_____	_____
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	<u>NA</u>	_____	_____	<u>No hazardous wastes from off-site</u>
3. Security - Do security measures include: (if applicable) 265.14				
a. 24-Hour surveillance?	_____	_____	_____	_____
or				
b. i. Artificial or natural barrier around facility?	<input checked="" type="checkbox"/>	_____	_____	_____
and				
ii. Controlled entry?	<input checked="" type="checkbox"/>	_____	_____	_____
c. Danger sign(s) at entrance?	<input checked="" type="checkbox"/>	_____	_____	_____
4. Owner or operator inspections: 265.15				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	<input checked="" type="checkbox"/>	_____	_____	_____

\*Not Inspected

	YES	NO	NI	Remarks
b. Does the owner or operator have an inspection schedule at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. If so, does the schedule address the inspection of the following items:				
i. monitoring equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. safety and emergency equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. security devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. operating and structural equipment (i.e. dikes, pumps, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. inspection frequency (based upon the possible deterioration rate of the equipment)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Are areas subject to spills inspected daily when in use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Does the inspection log contain the following information:				
i. the date and time of the inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. the name of the inspector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. a notation of the observations made?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. the date and nature of any repairs or remedial actions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do personnel training records include: 265.16				
a. Job titles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Job descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	NI	Remarks
c. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Did facility personnel receive the required training by 5-19-81?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no new personnel
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. No smoking signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation  
of Facility: 265.31

Is there any evidence of fire,  
explosion, or release of  
hazardous waste or hazardous  
waste constituent?

YES NO NI Remarks

\_\_\_ ✓ \_\_\_

2. If required, does the facility  
have the following equipment: 265.32

a. Internal communications or  
alarm systems?

✓ \_\_\_ \_\_\_

Telephone

b. Telephone or 2-way radios  
at the scene of operations?

✓ \_\_\_ \_\_\_

c. Portable fire extinguishers,  
fire control, spill control  
equipment and decontamination  
equipment?

✓ \_\_\_ \_\_\_

Indicate the volume of water and/or foam available for fire control:

Hydrant on street, sprinklers, also <sup>portable</sup> fire extinguishers

3. Testing and Maintenance of  
Emergency Equipment: 265.33

a. Has the owner or operator  
established testing and  
maintenance procedures  
for emergency equipment?

✓ \_\_\_ \_\_\_

b. Is emergency equipment  
maintained in operable  
condition?

✓ \_\_\_ \_\_\_

4. Has owner or operator provided  
immediate access to internal  
alarms? (if needed) 265.34

✓ \_\_\_ \_\_\_

5. Is there adequate aisle space  
for unobstructed movement?

✓ \_\_\_ \_\_\_

6. Has the owner or operator attempted  
to make arrangements with local  
authorities in case of an emergency  
at the facility?

✓ \_\_\_ \_\_\_

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

	YES	NO	NI	Remarks
1. Does the Contingency Plan contain the following information: 265.52				
a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

YES NO NI Remarks

3. Emergency Coordinator 265.55

- a. Is the facility Emergency Coordinator identified?
- b. Is coordinator familiar with all aspects of site operation and emergency procedures?
- c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?

✓

✓

✓

4. Emergency Procedures 265.56

If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?

NA

none has occurred

Section G - CLOSURE AND POST CLOSURE (Part 265 Subpart G)

	YES	NO	NI	Remarks
1. Closure 265.112				
a. Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. maximum hazardous waste inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. estimated year of closure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no anticipated date of closure
v. schedule of closure activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has closure begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
*2. Post-Closure 265.118				
a. Is the post-closure plan available for inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB. facility monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. name, address, and phone number of person or office to contact during post-closure care period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has the post-closure period begun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is the written post-closure cost estimate available? 265.144	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\*Applies only to disposal facilities.

Section I - USE AND MANGEMENT OF CONTAINERS (Part 265, Subpart I)

	YES	NO	NI	Remarks
1. Are containers in good condition? 265.171	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are containers compatible with waste in them? 265.172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers managed to prevent leaks? 265.173	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are containers inspected weekly for leaks and defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

## Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
(1) Does the operator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>01</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21				
a. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Name, mailing address, telephone number, and EPA ID number of Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has NOT received a signed copy from the designated facility within 35 days of the date of shipment. <u>None</u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. <u>None</u>				

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

	YES	NO	NI	Remarks
1. Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required for movement of hazardous waste off-site) 262.31 262.32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If required, are placards available to transporters of hazardous waste? 262.33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all accumulation to tanks and containers. If the installation elects option A, check this box <input checked="" type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: See 40 CFR 262.34 January 11, 1982 Revision.				
a. Is each container clearly marked with the start of accumulation date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Have more than 90 days elapsed since the date inspected in (a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Do wastes remain in accumulation tanks for more than 90 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

	YES	NO	NI	Remarks
1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

1. Has the installation imported or exported Hazardous Waste? 262.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(If answered Yes, complete the following as applicable.)				
a. Exporting Hazardous waste; has a generator:				

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
TREATMENT, STORAGE, AND DISPOSAL FACILITIES  
Form 1 - General Facility Standards  
122.7(i)

I. General Information:  
(265.74)

(A) Facility Name: BASF Wyandotte Corporation  
(B) Street: 1700 Blaney Drive  
(C) City: Troy (D) State: MI (E) Zip Code: 48084  
(F) Phone: 313-643-0880 (G) County: Oakland

(H) Operator: BASF Wyandotte Corporation  
(I) Street: 1700 Blaney Drive  
(J) City: Troy (K) State: MI (L) Zip Code: 48084  
(M) Phone: 313-643-0880 (N) County: Oakland

(O) Owner: BASF Wyandotte Corporation  
(P) Street: 1609 Biddle Avenue  
(Q) City: Wyandotte (R) State: MI (S) Zip Code: 48192  
(T) Phone: 313-282-3300 (U) County: Wayne

(V) Type of Ownership: State Federal County Municipal X Private

(W) Date of Inspection: 9/17/81 (X) Time of Inspection (From) 10:15 A.M. (To) 11:30 A.

(Y) Weather Conditions: Cloudy, temperature about 60°F

Person(s) Interviewed

Title

Telephone

Dale Roush

Manager, Health, Safety & Environmental  
Protection

313-282-3300

Douglas Thiel

Environmental Coordinator

313-282-3300

W. Joe Cavell

Production Supervisor

313-643-0880

Inspection Participants

Title

Telephone

Tom Maki

Environmental Engineer

313-666-2700

Marwan Khuri

Environmental Engineer

313-666-2700

Fred Rieth

Resource Specialist V

313-666-2700

II. Description of Site Activity(A) ☒ Generator (Form 2)(B) ☐ Transporter (Form 3)(C) ☐ Chemical, Physical  
and Biological Treatment (Form 4)(D) ☒ Storage (Form 5)(E) ☐ Landfill (Form 6)(F) ☐ Incineration (Form 7)(G) ☐ Land Treatment (Form 4)(H) ☐ Thermal Treatment (Form 7)

(I) Comments: F-001, F-002, F-003, F-004, F-005 (spent solvents) U-220 (toluene)

U-223 (Toluene Diisocyanate). Company handles corrosive and reactive waste (IDI)

but does not feel their wastes are ignitable or toxic according to CFR definitions.

They may store wastes for more than 90 days in the event of a transporter problem,

so they applied for storage facility status.

Supplemental forms (Listed in Parathesis) must be completed for each activity  
inspected. Attach all Supplemental forms to this report.

Yes

No

Not  
InspectedSee Remark  
Number(J) Has this facility  
Submitted a Part A  
Permit Application?☒

122.4

	Yes	No	Not Inspected	Sec. Held
) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source? 265.12(a)	_____	<u>X</u>	_____	_____
2. Transfer of Ownership? 265.12(b)	_____	<u>X</u>	_____	_____
General Waste Analysis:				
or				
1. Has the owner/operator obtained a detailed chemical and physical analysis of the waste? 265.13(a)	<u>X</u>	_____	_____	_____
or				
2. Does the owner/operator have a detailed waste analysis plan on file at the facility? 265.13(b)	<u>X</u>	_____	_____	_____
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site? 265.13(c)	<u>N/A</u>	_____	_____	_____
Security - Do security measures include: 265.14				
1. 24-Hour Surveillance? 265.14(b)1 - or -	_____	_____	_____	_____
2. Artificial or Natural Barrier Around Facility? 265.14(b)2 - or -	<u>X (Fence)</u>	_____	_____	_____
3. Controlled Entry? 265.14(b)2ii - or -	<u>X</u>	_____	_____	_____
4. Danger Sign(s) at Entrance? 265.14(c)	_____	_____	_____	_____
or				
Do Owner/Operator Inspections Include: 265.15				
1. Records of Malfunctions? 265.15(a)1	<u>X</u>	_____	_____	_____
2. Records of Operator Error? 265.15(a)1	<u>X</u>	_____	_____	_____
3. Records of Discharges? 265.15(a)1	<u>X</u>	_____	_____	_____
4. Inspection Schedule? 265.15(a)4	<u>X</u>	_____	_____	_____
5. Safety, Emergency Equipment? 265.15(b)1	<u>X</u>	_____	_____	_____
6. Security Devices? 265.15(b)1	<u>X</u>	_____	_____	_____
7. Operating and Structural Devices? 265.15(b)1	<u>X</u>	_____	_____	_____
8. Inspection Log? 265.15(d)	<u>X</u>	_____	_____	_____

	Yes	No	Not Inspected	See 1. Number
(E) Do Personnel Training Records Include: 265.16(d)				
1. Job Titles? & description	<u>X</u>			
2. Description of Training?	<u>X</u>			
3. Records of Training?	<u>X</u>			
Is Personnel Training Completed within the Required Time Frame?	<u>X</u>			
(F) Are the Following Special Requirements for Ignitable, Reactive, or Incompatible Wastes Addressed? 265.17				
1. Special Handling?		<u>N/A</u>		<u>#2</u>
2. No Smoking Signs?	<u>X</u>			<u>No Smoking in Plant</u>
3. Separation and Confinement?		<u>N/A</u>		

#### IV. PREPAREDNESS AND PREVENTION - 265 Subpart C

##### (A) Maintenance and Operation of Facility:

1. Is there any evidence of fire, Explosion, or release of hazardous waste or hazardous waste constituent?  
265.31

##### (B) Does the Facility have the Following Equipment: 265.32

1. Alarm System?  
265.32(a)
2. Telephone or 2-Way Radios?  
265.32(b)
3. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?  
265.32(c)

Indicate the volume of water and/or foam available for fire control;  
265.32(d)

Units: 30 (various types) - also sprinklers and alarms.

Hydrant on street near building

	Yes	No	Not Inspected	See Remark Number
(C) Testing and Maintenance of Emergency Equipment: 265.33 Recordkeeping required under 265.15(b)1				
1. Has the Owner or Operator established Testing and Maintenance Procedures for Emergency Equipment?	<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
2. Is Emergency Equipment Maintained in Operable Conditions?	<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
(D) Has Owner <sup>or</sup> Operator Provided Immediate Access to Internal Alarms (if needed)? 265.34	<u>          </u>	<u>X</u>	<u>          </u>	<u>#4</u>
(E) Is there Adequate Aisle Space for Unobstructed Movement? 265.35	<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
(F) Are Arrangements with Local Authorities Included in the Operating Record? 265.37	<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>

#### V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES - 265 Subpart D

(A) Does the Contingency Plan Contain the Following Information:				
1. The actions facility personnel must take to comply with §264.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part.)	<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
2. Arrangements agreed to by Local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?	<u>X</u>	<u>          </u>	<u>          </u>	<u>#5</u>

	Yes	No	Not Inspected	See Remarks Number
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators? 265.52(d)	<u>X</u>			
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities? 265.52(e)	<u>X</u>			Included c Safety Check List
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes.) 265.52(f)	<u>X</u>			
(B) Are copies of Contingency Plan Available at Site and local Emergency Organizations? 265.53		<u>X</u>		#6
(C) Emergency Coordinator 265.55				
1. Is the facility Emergency Coordinator identified?	<u>X</u>			
2. Is Coordinator Familiar with all aspects of site operation and emergency procedures?	<u>X</u>			
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<u>X</u>			
(D) Emergency Procedures				
If an Emergency Situation has occurred at this facility; has the Emergency Coordinator followed the Emergency procedures listed in 265.56?				N/A - No emergencies since RCRA took effect

# VI . MANIFEST SYSTEM RECORDKEEPING, (1) REPORTING - 265 Subpart E

	Yes	No	Not Inspected	See Re- Number
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each Manifest?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
2. Are records of past shipments retained for 3 years? 265.71(5)	<u>X</u>	<u>      </u>	<u>      </u>	Kept Indefini
(B) Does the owner or operator meet requirements regarding Manifest * Discrepancies? 265.72	<u>X</u>	<u>      </u>	<u>      </u>	#7-Compu Tracking System
(C) Operating Record <i>of Appurtenances</i> Does the facility maintain an operating record at the site as required in §265.73?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
(D) Availability, Retention and Disposition of Records  Are all records available at the site for inspection as required in §265.74?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>

## VII . CLOSURE AND POST CLOSURE - 265 Subpart C and H

(A) Closure and Post Closure				
1. Closure Plan Available for Inspection by May 19, 1981? 265.112(a)	<u>      </u>	<u>X</u>	<u>      </u>	#8 - Closure would involve simply removing drums
2. Has this plan been submitted to the Regional Administrator? 265.112(c)	<u>      </u>	<u>X</u>	<u>      </u>	<u>      </u>
3. Has Closure begun? 265.112(c)	<u>      </u>	<u>X</u>	<u>      </u>	<u>      </u>
4. Is closure cost estimate available by May 19, 1981? 265.142	<u>      </u>	<u>X</u>	<u>      </u>	#9 - Cost of removing drums
(B) Post Closure Care and Use of Property - Has the Owner/Operator supplied a Post Closure Monitoring Plan (by May 19, 1981)? 265.117	<u>      </u>	<u>N/A</u>	<u>      </u>	#10

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
Form 2 - Generator Inspection  
262

1. General Information:

(A) Installation Name: BASF Wyandotte Corporation  
(B) Street: 1700 Blaney Drive  
(C) City: Troy (D) State: MI (E) Zip Code: 48086  
(F) Phone: 313-643-0880 (G) County: Oakland

(H) Operator: BASF Wyandotte Corporation  
(I) Street: 1700 Blaney Drive  
(J) City: Troy (K) State: MI (L) Zip Code: 48084  
(M) Phone: 313-643-0880 (N) County: Oakland

(O) Owner: BASF Wyandotte Corporation  
(P) Street: 1609 Biddle Avenue  
(Q) City: Wyandotte (R) State: MI (S) Zip Code: 48192  
(T) Phone: 313-282-3300 (U) County: Wayne

\_\_\_\_\_ Federal \_\_\_\_\_ Municipal X Private  
(V) Type of Ownership: \_\_\_\_\_ State \_\_\_\_\_ County

(W) Date of Inspection: 9/17/81 Time of Inspection (From) 10:15 A.M. (To) 11:30

(X) Weather Conditions: Cloudy, temperature about 60°F

(f) Person(s) Interviewed

Title

Telephone

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(7) Inspection Participants

Title

Telephone

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1.. OTHER TYPE OF HAZARDOUS WASTE ACTIVITY

(A) \_\_\_\_\_ Transporter (Form 3)

(B) \_\_\_\_\_ Chemical, Physical  
Biological Treatment

(C) \_\_\_\_\_ Storage (Form 5)

(D) \_\_\_\_\_ Landfill (Form 6)

(E) \_\_\_\_\_ Incineration (Form 7)

(F) \_\_\_\_\_ Thermal Treatment (

(G) Comments:

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Supplemental forms (Listed in Parathesis) must be completed for each activity inspected. Attach all Supplemental forms to this report.

# MANIFEST

	Yes	No	Not Inspe
(f) Are copies of the Manifest available? 262.23(a)3	<u>X</u>	<u>      </u>	<u>      </u>
(E) Does the Manifest contain the following information:			
1. Manifest document number? 262.21(a)1	<u>X</u>	<u>      </u>	<u>      </u>
2. Name, mailing address, telephone number, and EPA ID Number of Generator? 262.21(a)2	<u>X</u>	<u>      </u>	<u>      </u>
3. Name and EPA ID Number of Transporter(s)? 262.21(a)3	<u>X</u>	<u>      </u>	<u>      </u>
4. Name, Address, and EPA ID Number of Designated permitted facility and alternate facility? 262.21(a)4	<u>      </u>	<u>X</u>	<u>      </u>
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)? 262.21(a)5 DOT information in CFR 49	<u>X</u>	<u>      </u>	<u>      </u>
6. The total quantity of waste(s) and the type and number of containers loaded? 262.21(a)6	<u>X</u>	<u>      </u>	<u>      </u>
7. Required Certification? 262.21(b)	<u>X</u>	<u>      </u>	<u>      </u>
8. Required Signatures? 262.23(a)1	<u>X</u>	<u>      </u>	<u>      </u>
(C) Does the Owner or Operator Submit Exception Reports when Needed? 262.42	<u>X</u>	<u>      </u>	<u>      </u>

## IV. PRE-TRANSPORT REQUIREMENTS - 262 Subpa

(A) Is Generator Packaging waste in accordance with DOT Regulations? 262.30 49 CFR Parts 173.178 and 179	<u>X</u>	<u>      </u>	<u>      </u>
(B) Are waste packages marked and labeled in accordance with DOT Regulations concerning hazardous waste materials? 262.31 49 CFR Part 172	<u>X</u>	<u>      </u>	<u>      </u>
(C) If required, are placards available to transporter? 262.33 49 CFR Part 172 Subpart F	<u>X</u>	<u>      </u>	<u>      </u>

Yes

No

Not  
Inspe

## (D) Pre-shipment Accumulation:

1. Are containers marked with start of accumulation date?  
262.34(a) X
2. Are the containers of hazardous waste removed from installation before they can accumulate for more than 90 days?  
262.34(a) If no, the facility must be storage or disposal facility X
3. Are wastes stored in containers managed in accordance with 40 CFR Part 265.174 and 265.176 (weekly inspections of containers, containers holding ignitable or reactive wastes located at least 15 meters (50 Feet) from facility's property line)? N/A
4. Are wastes stored in tanks managed according to the following:
  - a. Are tanks used to store only those wastes which will not cause corrosion leakage or premature failure of the tank?  
265.192(b) N/A - All drums
  - b. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?  
265.192(c)
  - c. Do continuous feed systems have a waste-feed cutoff?  
265.192(d)
  - d. Are required daily and weekly inspections done?  
265.194
  - e. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements?  
265.198, 265.17
  - f. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply)  
265.199

If generator also a TSD, omit section V

	Yes	No	Not Inspected	See Row Number
Do Personnel training records include:				
265.16				
1. Job Titles?				
265.16(d)1				
2. Description of Training?				
265.16(d)3				
3. Records of Training?				
265.16(d)4				
Is Personnel Training Completed within the Required Time Frame?				
3. Preparedness and Prevention				
265 Subpart C				
1. Maintenance and Operation of Facility:				
a. Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?				
265.31				
2. Does the Facility have the following equipment?				
a. Alarm system?				
265.32(a)				
b. Telephone or 2-Way Radios?				
265.32(b)				
c. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?				
265.32(c)				
Indicate the volume of water and/or foam available for fire control				
265.32(d)				
Units: _____				
3. Testing and Maintenance of Emergency Equipment:				
a. Has the Owner or Operator established testing and Maintenance Procedures for Emergency Equipment?				
265.33				
b. Is emergency equipment Maintained in Operable Condition?				
265.33				

- |  | Yes | No | Not Inspected |
|--|-----|----|---------------|
| 4. Has Owner/Operator Provided Immediate Access to Internal Alarms (if needed)?<br>265.34(a) |     |    |               |
| 5. Is there adequate Aisle Space for unobstructed Movement?<br>265.35                        |     |    |               |
| 6. Are arrangements with local authorities included in the operating record?<br>265.37       |     |    |               |

(C) Contingency Plan and Emergency Procedure

- |   |  |  |  |
|---|--|--|--|
| 1. Does the contingency plan contain the following:   |  |  |  |
| a. The actions facility personnel must take to comply with <u>§264.51</u> and <u>261.56</u> in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part) |  |  |  |
| b. Arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to <u>§265.37</u> ?  |  |  |  |
| c. Names, addresses, and Phone numbers (office and Home) of all persons qualified to act as emergency coordinator.<br>265.52(d)   |  |  |  |
| d. A list of all emergency equipment at the facility which include the location and physical description of each item on the list, and a brief outline of its capabilities?<br>265.52(e)  |  |  |  |
| e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes.<br>265.52(f)  |  |  |  |

	Yes	Not Inspected	See Ref Number
2. Are copies of the Contingency Plan available at site and local Emergency Organizations? 265.53	_____	_____	_____
3. Emergency Coordinator 265.55	_____	_____	_____
a. Is the Facility Emergency Coordinator Identified?	_____	_____	_____
b. Is Coordinator Familiar with all aspects of site operation and Emergency Procedures?	_____	_____	_____
c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	_____	_____	_____
4. Emergency Procedures	_____	_____	_____
If an Emergency Situation has occurred at this facility; has the Emergency Coordinator followed the Emergency Procedures listed in 6256.56?	_____	_____	_____

#### VI. RECORDKEEPING

- (A) Are Manifests, Annual Reports, Exception Reports, and All Test Results and Analyses Retained for at least three years?  
265.71(a)5

X

#### VII. INTERNATIONAL SHIPMENTS

- (A) Has the Installation Imported or Exported Hazardous Waste?  
262.50

X

(If A was answered Yes, then complete one or both of the following)

- Exporting Hazardous waste, has a generator:
  - Notified the Administrator in writing?  
262.50(b)1
  - Obtained the Signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?  
262.50(b)2

Yes

No

Not  
InspectedSee Entry  
Number

1. c. Met the Manifest requirements? \_\_\_\_\_

262.50(b)3

2. Importing Hazardous Waste,  
has the generator:

262.50(d)

a. Met the manifest requirements? \_\_\_\_\_

VIII PREPARER INFORMATION

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RCR\* INSPECTION REPORT - INTERIM STATUS STANDARDS  
Form 3 - Transporter Inspection  
(263)

I. General Information:

(A) Transporter Name: \_\_\_\_\_

(B) Street: \_\_\_\_\_

(C) City: \_\_\_\_\_ (D) State: \_\_\_\_\_ (E) Zip Code: \_\_\_\_\_

(F) Phone: \_\_\_\_\_ (G) County: \_\_\_\_\_

(H) Operator: \_\_\_\_\_

(I) Street: \_\_\_\_\_

(J) City: \_\_\_\_\_ (K) State: \_\_\_\_\_ (L) Zip Code: \_\_\_\_\_

(M) Phone: \_\_\_\_\_ (N) County: \_\_\_\_\_

(O) Owner: \_\_\_\_\_

(P) Street: \_\_\_\_\_

(Q) City: \_\_\_\_\_ (R) State: \_\_\_\_\_ (S) Zip Code: \_\_\_\_\_

(T) Phone: \_\_\_\_\_ (U) County: \_\_\_\_\_

\_\_\_\_\_ Federal \_\_\_\_\_ Municipal \_\_\_\_\_ Private

(V) Type of Ownership: \_\_\_\_\_ State \_\_\_\_\_ County

(W) Date of Inspection: \_\_\_\_\_ Time of Inspection (From) \_\_\_\_\_ (To) \_\_\_\_\_

(X) Weather Conditions: \_\_\_\_\_

\_\_\_\_\_

Person(s) Interviewed	Title	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

(2) Inspection Participants	Title	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

### II. OTHER TYPE OF HAZARDOUS WASTE ACTIVITY

- (A) \_\_\_\_\_ Generator (Form 2)
- (B) \_\_\_\_\_ Chemical, Physical and Biological Treatment (Form 4)
- (C) \_\_\_\_\_ Storage (Form 5)
- (D) \_\_\_\_\_ Landfill (Form 6)
- (E) \_\_\_\_\_ Incineration (Form 7)
- (F) \_\_\_\_\_ Thermal Treatment (Form 7)
- (G) Comments: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Supplemental forms (Listed in Parathesis) must be completed for each activity inspected. Attach all Supplemental forms to this report.

### III. RECORDKEEPING

	Yes	No	Not Inspected	See Remark Number
(1) Are Copies of the Completed Manifest(s) or Shipping Paper(s) Available for Review and Retained for Three Years?	_____	_____	_____	_____

263.22(a)

- ## V. MISCELLANEOUS

- A. Does Transporter Transport Hazardous Waste Into the U.S. from Abroad?  
263.10(c)1
- B. Does the Transporter Mix Hazardous Waste of Different DOT Shipping Descriptions by Placing them into a Single Container?  
263.10(c)2

NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and must comply with the Generator Regulations.

263.10(c)

VI. PREPARER INFORMATION

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
  
Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

265.11

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
TREATMENT, STORAGE, AND DISPOSAL FACILITIES  
Form 4 - Chemical, Physical and Biological Treatment/Land Treatment  
265 - Subpart Q

1. General Information

Facility Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ (D) State: \_\_\_\_\_ (E) Zip Code \_\_\_\_\_  
 Phone: \_\_\_\_\_ (G) County: \_\_\_\_\_

11.. Chemical, Physical and Biological  
Treatment (Subpart Q)  
265

	Yes	No	Not Inspected	See Remark Number
1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure? 265.401(b)				
2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system)? 265.401(c)				
3. Has the owner or operator addressed the waste analysis requirements of 265.402? and 265.13				
4. Are inspection procedures followed according to 265.403?				
5. Are the special requirements fulfilled for ignitable or reactive wastes? 265.405				
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.) 265.406				

111. Land Treatment (Subpart M) 265

	Yes	No	Not Inspected	See Remark Number
1. Is hazardous waste capable of biological or chemical degradation? 265.272(a)				
2. Are run-off and run-on diverted from the facility or collected (Effective date: November 19, 1981)? 265.272(b&c)				
3. Is waste analysis according to 265.273? and 265.13				
4. If food chain crops are grown at the facility, has the owner or operator addressed the requirements of 265.276?				
5. Is an unsaturated zone monitoring plan designed and implemented to detect the vertical migration of hazardous waste and provide information on the background concentrations of the hazardous waste available? 265.278(a)				
6. Does the unsaturated zone monitoring plan address the minimum information specified in 265.278(b and c)?				
7. Are records kept regarding application dates and rates, quantities, and location of all hazardous waste placed in the facility? 265.279				
8. Are the special requirements fulfilled regarding land treatment of ignitable or reactive wastes? 265.281				
9. Are incompatible wastes land treated? (If yes, 265.17(b) applies.) 265.282				

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
SUPPLEMENTAL FORM 5 FOR STORAGE FACILITY INSPECTIONS

265 - Subparts I, J, K, and L

I. General Information

Facility Name: BASF Wyandotte  
 Street: 1700 Blaney  
 City: Troy (D) State: MI (E) ZIP Code 48084  
 Date of Inspection: 9/17/81

II. Storage Facility Standards (Part 265)Facilities which store containers of hazardous waste (Subpart I) 265

	YES	NO	NOT IN- SPECTED	REMARK
Are containers in good condition? 265.171	X			
Are containers compatible with waste in them? 265.172	X			
Are containers stored closed? 265.173(a)	X			#13
Are containers managed to prevent leaks? 265.173(b)	X			
Are containers inspected weekly for leaks and defects? 265.174	X			
Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? 265.176	N/A			#12
Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.177(a)	N/A			
Are containers of incompatible wastes separated or protected from each other by physical barriers or sufficient distance? 265.177(c)	N/A			

Facilities which store hazardous waste in tanks (Subpart J)

Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192(b)	N/A			
Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures? 265.192(c)				

			SPECIAL	
Do continuous feed systems have a waste-feed cutoff?	265.192(d)			
Are waste analyses done before the tanks are used to store a substantially different waste than before?	265.193(a)			
Are required daily and weekly inspections done?	265.194			
Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	265.198			
Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.)	265.199			

#### Facilities which store hazardous waste in surface impoundments (Subpart K) 265

Do surface impoundments have at least 60 cm (2 feet) of freeboard?	265.222			
Do earthen dikes have protective cover?	265.223			
Are waste analyses done when the impoundment is used to store a substantially different waste than before?	265.225(a)			
Is the freeboard level inspected at least daily?	265.226(a)1			
Are the dikes inspected weekly for evidence of leaks or deterioration?	265.226(a)2			
Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	265.229(a)1			
Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.)	265.230			

#### Facilities which store hazardous waste in waste piles (Subpart L) 265

Are waste piles covered or protected from the wind?	265.251			
Is each in-coming movement of waste analyzed before being added to the waste pile?	265.252			
Are leachate, run-off, and run-on controlled? (The effective date of this provision is Nov. 19, 1981)	265.253			
Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	265.256(a)1			

Continued on next page

	112	101	101.1.1.1 SPECIES	101.1.1.2
1. Are piles of reactive or ignitable waste protected? 265.256(a)2				
2. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.257(a)				
3. Are piles of incompatible waste protected by barriers or distance from other waste? 265.257(b)				

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
FORM 6 - LANDFILL INSPECTIONS

265 - Subpart N

1. General Information

(A) Facility Name: \_\_\_\_\_  
 (B) Street: \_\_\_\_\_  
 (C) City: \_\_\_\_\_ (D) State: \_\_\_\_\_ (E) Zip Code: \_\_\_\_\_  
 (F) Date of Inspection: \_\_\_\_\_

<u>II. Landfills</u>	Yes	No	Not Inspected	See 1 Numb
----------------------	-----	----	---------------	------------

(A) General Operating Requirements -  
 Does the facility provide the following:

- \*1. Diversion of run-on away from active portions of the fill? 265.302(a) \_\_\_\_\_
- \*2. Collection of run-off from active portions of the fill? 265.302(b) \_\_\_\_\_
- \*3. Is collected run-off treated? 265.302(b) \_\_\_\_\_
- 4. Control of wind disposal of hazardous waste? 265.302(d) \_\_\_\_\_

(\* Effective 11-19-81)

(B) Surveying and Recordkeeping -  
 Does the Operating Record Include:

- 1. A map showing the exact location and dimensions of each cell? 265.309(a) \_\_\_\_\_
- 2. The contents of each cell and the location of each hazardous waste type within each cell? 265.309(b) \_\_\_\_\_

C. Closure and Post-Closure

1. Is the Closure Plan available for inspection by 5-19-81?  
265.112(a)
2. Has this plan been submitted to the Regional Administrator?  
265.112(c)
3. Has Closure begun?  
265.112(c)
4. Is Closure cost estimate available by 5-19-81?  
265.142(a)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Special requirements for ignitable or reactive waste

Are ignitable or reactive wastes treated so the resulting mixture is no longer ignitable or reactive? 265.312

(If waste is rendered non-reactive or non-ignitable see treatment requirements)

If not, the provisions of 40 CFR 265.17(b) apply.

_____	_____	_____	_____
_____	_____	_____	_____

E. Special requirements for Incompatible Wastes.

Does the owner or operator dispose of incompatible wastes in separate cells?  
265.313

If not, the provisions of 40 CFR 265.17(b) apply.

_____	_____	_____	_____
_____	_____	_____	_____

F. Special Requirements for liquid waste (effective 11-19-81)

1. Are bulk or non-containerized liquids placed in the landfill?  
265.314(a)
2. Does the landfill have a chemically and physically resistant liner system?  
265.314(a)1

_____	_____	_____	_____
_____	_____	_____	_____

	Yes	No	Not Inspected	See R. Number
3. Does the landfill have a functional leachate collection system? 265.314(a)1	_____	_____	_____	_____
4. Are free liquids stabilized prior to or immediately after placement in the landfill? 265.314(a)2	_____	_____	_____	_____
G. Special requirements for Containers (effective 11-19-81)				
Are empty containers crushed flat, shredded, or similarly reduced in volume before being buried beneath the surface of the landfill? 265.315(a)	_____	_____	_____	_____

11/6/80

- FORM 7

RCRA INSPECTION REPORT: INTERIM STATUS STANDARDS  
 SUPPLEMENTAL FORM FOR THERMAL TREATMENT (AND INCINERATION)  
 265 - Subparts P and Q

I. General Information

Facility Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ (D) State: \_\_\_\_\_ (E) Zip Code: \_\_\_\_\_  
 Date of Inspection: \_\_\_\_\_

II. Determination of Steady State

Type of unit (i.e., type of incinerator or thermal treatment): \_\_\_\_\_  
 \_\_\_\_\_

Components and steady state condition: I 265.343 Th 265.373

\*\*\*\* Was this component at SS prior to adding waste?

Component

Yes No Not Inspected See Remark to

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

III. Waste Analysis

265.13

Minimum requirements, for wastes not previously burned/treated.

1. Required analyses; has an analysis been performed

For the following:

I TH  
 265.345 265.375

Yes No Not Inspected See Remark

a. Heating value

\_\_\_\_\_

b. Halogen content

\_\_\_\_\_

c. Sulfur content

\_\_\_\_\_

2. Documented, written data may be substituted for analysis for these. Are either present for:

a. Lead? <sup>I</sup> 265.345 <sup>Th</sup> 265.375

b. Mercury?

Yes No Not Inspected See Remark

3. Other parameters for which the waste is tested to enable owner or operator to establish steady state or determine the types of pollutants which may be emitted. (None in Remarks any which you feel should be tested for.)

See Remark #

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### IV. Monitoring and Inspections

A. Combustion/emission control instruments monitored at least every 15 minutes?  
I 265.347(a)1 Th 265.377(a)1

B. Steady state maintained or corrections attempted?  
I 265.347(a)1 Th 265.377(a)1

C. Stack plume observed at least hourly for normal color and opacity?  
I 265.347(a)2 Th 265.377(a)2

D. Did any stack observations made by owner or operator show a plume different than normal?  
I 265.347(a)2 Th 265.377(a)2

E. If yes to D above, were corrections made to return emissions to normal appearance?  
I 265.347(a)2 Th 265.377(a)2

F. Complete unit and associated equipment inspected daily for leaks, spills, and fugitive emissions?  
I 265.347(a)3 Th 265.377(a)3

G. Emergency shutdown controls, system alarms checked daily for proper operation?  
I 265.347(a)3 Th 265.377(a)3

\* Specify in Remarks for what period of time this was checked.

Yes No Not Insp. See Remark

# V. Open Burning

A. Only complete this part if the facility open burns hazardous waste.

	Yes	No	Not Inspected	See Remark #:
1. Does this facility burn only waste explosives? (A No answer means other hazardous waste is open-burned.) 265.382				
2. If this facility open-burns waste explosive, does it burn the waste at a distance greater than or equal to the minimum specified distance (below)? 265.382				

Inspector(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Sign and Date)

265.382

Amounts of waste explosives Minimum distance from open burning or detonation to the property of others

Up to 100.....	204 ft	670 ft
101 to 1,000.....	380 ft	1,240 ft
1,001 to 10,000.....	530 ft	1,740 ft
10,001 to 30,000.....	690 ft	2,260 ft

## Comments:

1. No written descriptions of training required for each position exist, but all employees receive certificates for completion of training, and all records of training information and memos regarding training are kept on file.
2. Company feels they comply because they store waste TDI in a confined area. At some points during interview they stated that TDI was reactive, yet at other times they stated their wastes were not ignitable, toxic or reactive, just corrosive. Company stated that if they handle additional wastes in the future that are reactive, ignitable or toxic, their plans will be amended and updated to comply with RCRA requirements.
3. Telephone system could be used as alarm system. (Internal Communication System).
4. There are no alarms near the area where TDI is stored, but there are numerous access points to alarms within building (if telephones constitute alarm system).
5. Contingency plan includes police and fire department phone numbers plus phone number of national response center. No written arrangements with local emergency authorities included.
6. Plan is available on site but not at police, fire department, hospitals, etc. The company agreed to send a copy to the police and fire department immediately.
7. The company utilizes a computer tracking system to detect any problems regarding manifests.
8. No written closure plan. Company felt it was unnecessary since upon closure they would simply remove whatever drums were on site.
9. Company feels they can estimate closure costs at any time by calculating the costs required to remove accumulated drums of TDI. Thus, they feel they meet the requirement of 265.142. There was no written estimate presented to us.
10. No plan presented. Company feels the requirement does not apply to this plant.
11. No alternate facility listed because no space provided on form for that purpose. The primary disposal facility is designated and necessary information for that facility is listed.
12. Containers are inspected at least weekly, but company claims it is not feasible to store wastes 15 meters from property line due to site layout. At this point the company stated their TDI waste is not ignitable or reactive, only corrosive. Containers are stored in a diked area.

It appears that drums could be stored 15 meters from property line - the site is physically large enough. Unknown why company stores them near property line.

13. Some containers, though closed, had vent pipes installed to allow for relief of pressures that build up when drum contents are heated by air or sunlight.

INSTALLATION'S EPA I.D. NO.  
NAME OF INSTALLATION  
INSTALLATION MAILING ADDRESS  
LOCATION OF INSTALLATION

MID05700 7478 Also a Generator

PLEASE PLACE LABEL IN THIS SPACE

000161 AUG 12 80

affix it in the space at left. If any of the information on this label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a pre-printed label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER  
11005700747821  
APPROVED  
DATE RECEIVED  
(yr., mo., & day)  
900812

RECEIVED

SEP 30 1981

ACT 64

NAME OF INSTALLATION

S F WYANDOTTE CORP.

INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

1700 BLANEY DRIVE

CITY OR TOWN

ST.

ZIP CODE

PROY

MI 48034

LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

me

CITY OR TOWN

ST.

ZIP CODE

INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

SNIEWSKI M.A. CORP. ENV. PROT.

201 263 5425

OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

S F WYANDOTTE CORP.

TYPE OF OWNERSHIP  
(enter appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

FEDERAL  
NON-FEDERAL

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

FIRST OR SUBSEQUENT NOTIFICATION

"X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

MID057007478

DESCRIPTION OF HAZARDOUS WASTES

Go to the reverse of this form and provide the requested information.

# DESCRIPTION OF HAZARDOUS WASTES (continued from front)

HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 24	2 F 0 0 2 23 - 24	3 F 0 0 3 23 - 24	4 F 0 0 4 23 - 24	5 F 0 0 5 23 - 24	6  23 - 24
7  23 - 24	8  23 - 24	9  23 - 24	10  23 - 24	11  23 - 24	12  23 - 24

HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13  23 - 24	14  23 - 24	15  23 - 24	16  23 - 24	17  23 - 24	18  23 - 24
19  23 - 24	20  23 - 24	21  23 - 24	22  23 - 24	23  23 - 24	24  23 - 24
25  23 - 24	26  23 - 24	27  23 - 24	28  23 - 24	29  23 - 24	30  23 - 24

COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 2 2 0 23 - 24	32 U 2 2 3 23 - 24	33  23 - 24	34  23 - 24	35  23 - 24	36  23 - 24
37  23 - 24	38  23 - 24	39  23 - 24	40  23 - 24	41  23 - 24	42  23 - 24
43  23 - 24	44  23 - 24	45  23 - 24	46  23 - 24	47  23 - 24	48  23 - 24

LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49  23 - 24	50  23 - 24	51  23 - 24	52  23 - 24	53  23 - 24	54  23 - 24
-------------------	-------------------	-------------------	-------------------	-------------------	-------------------

CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D004)

## CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

*Rudy Merriweather*

NAME & OFFICIAL TITLE (type or print)

Rudy Merriweather  
Works Manager

DATE SIGNED

8-7-80

<b>FORM 1</b> <b>GENERAL</b>		<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)		<b>I. EPA I.D. NUMBER</b> F M10057007478	
<b>II. POLLUTANT CHARACTERISTICS</b>		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.			
<b>I. EPA I.D. NUMBER</b> <b>FACILITY NAME</b> <b>V. FACILITY MAILING ADDRESS</b> <b>VI. FACILITY LOCATION</b>		<b>PLEASE PLACE LABEL IN THIS SPACE</b>			

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1	SKIP	BASF WYANDOTTE CORP
---	------	---------------------

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first & title)		B. PHONE (area code & no.)	
2	DIRECTOR CORP. ENV. PROTECTION	201	263 3400

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	1700 Blaney Drive	4	Troy	MI	48084

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	1700 Blaney Drive	ayne	6	Troy	MI	48084	163	

NOV 19 1980

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	2	8	2	1	(specify)	
10	11	12	13	14	15	16	17
C. THIRD				D. FOURTH			
C	7			(specify)			
10	11	12	13	14	15	16	17

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?							
C	8	B	A	S	F	W	y	a	n	d	o	t	t	e	C	o	r	p	.
10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)												D. PHONE (area code & no.)							
F = FEDERAL      M = PUBLIC (other than federal or state) S = STATE        O = OTHER (specify) P = PRIVATE												A    2    0    1    2    6    3    3    4    0    0							
E. STREET OR P.O. BOX																			
P.O. Box 181																			
F. CITY OR TOWN												G. STATE		H. ZIP CODE				IX. INDIAN LAND	
B Parsippany												N J		0 7 0 5 4				Is the facility located on Indian lands?	
																		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)												D. PSD (Air Emissions from Proposed Sources)											
C	9	N										C	9	P									
10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	
B. UIC (Underground Injection of Fluids)												E. OTHER (specify)											
C	9	U										C	9										
10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	
C. RCRA (Hazardous Wastes)												E. OTHER (specify)											
C	9	R										C	9										
10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of polyether polyol resins and systems. F9: A/51

All correspondence regarding this permit should be addressed to the office of the Director, Corporate Environmental Protection, BASF Wyandotte Corporation, P.O. Box 181, Parsippany, N.J. 07054

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)												B. SIGNATURE												C. DATE SIGNED											
.E. Dunn, Secretary																								11/17/80											

COMMENTS FOR OFFICIAL USE ONLY

C																					
10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

FORM 3 RCRA

**EPA**

U.S. ENVIRONMENTAL PROTECTION AGENCY  
HAZARDOUS WASTE PERMIT APPLICATION  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

EPA I.D. NUMBER

FM1005700747831

## FOR OFFICIAL USE ONLY

APPLICATION APPROVED

DATE RECEIVED (yr., mo., & day)

23 24 25

COMMENTS

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

## A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

- ☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

- ☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

## B. REVISED APPLICATION (place an "X" below and complete item 1 above)

- ☐ 1. FACILITY HAS INTERIM STATUS

- ☐ 2. FACILITY HAS A RCRA PERMIT

## III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D78	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	H	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	G	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
1	2	3	4	5	6	7	8
X-1	S02	200	G	5			
X-2	T03	20	E	6			
1	S02	11000000	G	7			
				8			
3				9			
4				10			

## II. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR INCLUDE DESIGN CAPACITY.

DESCRIBING OTHER PROCESSES (code "TU")

FOR EACH PROCESS ENTERED HERE

## IV. DESCRIPTION OF HAZARDOUS WASTES

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## D. PROCESSES

### 1. PROCESS CODES:

For listed hazardous wastes: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

### 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES								
							1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
X-1	K	0	5	4	900	P	T	0	3	D	8	0			
X-2	D	0	0	2	400	P	T	0	3	D	8	0			
X-3	D	0	0	1	100	P	T	0	3	D	8	0			
X-4	D	0	0	2											included with above

NOTE: Photocopy this page before completing if there are more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)												FOR OFFICIAL USE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 1

833

EPA I.D. NO. (enter from page 1)											
1	2	3	4	5	6	7	8	9	10	11	12
F	M	1	0	0	5	7	0	0	7	4	7
										13	14
										15	16
										17	18
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V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

FG: 4/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FG: 56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

42 32 550

083 10 050

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER												2. PHONE NO. (area code & no.)											
E												55 56 - 58 59 - 61 62 - 64											
3. STREET OR P.O. BOX												4. CITY OR TOWN											
F												G											
5. ST.												6. ZIP CODE											
13 14 15 16 17 18 19 20 21 22 23 24												25 26 27 28 29 30 31 32 33 34 35 36											

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
R.E. Dunn, Secretary	R.E. Dunn	11/17/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
R.E. Dunn, Secretary	R.E. Dunn	11/17/80